KANSAS

DEPARTMENT OF HEALTH
AND ENVIRONMENT

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

NOTICE OF NON-COMPLIANCE
January 5, 2008 T.E. 3·18·09

Walter P. Waters
Boehringer Ingelheim Vetmedica, Inc.
2621 North Belt Highway
St. Joe, MO, 64506-2002

RE: Hazardous Waste Compliance Inspection, Boehringer Ingelheim Vetmedica, Inc., KSD067925347, Doniphan County, Kansas

Dear Mr. Waters,

On December 30 and 31, 2008 I conducted a routine compliance inspection at Boehringer Ingelheim Vetmedica, Inc., to determine compliance with Kansas Administrative Regulations (KAR) and Kansas Statutes Annotated (KSA). This inspection was conducted under the authority of K.A.R. 28-31-12. During the inspection, the following violations and comments/concerns were observed:

Violation 1 – Storage of hazardous waste over 90 days, in violation of **KSA 65-3441(a)(2).**

A) One 55-gallon drum of waste ink and 777 cleaner in Building H with an accumulation start date of September 30, 2008.

B) One 55-gallon drum of non-halogenated solvent in Building H with an accumulation start date of September 29, 2008.

Violation 2 – Failure to mark each storage container with an accumulation start date, as required by **KAR 28-31-4(g)(2).**

A) 4 waste gas cylinders in Building H that facility personnel stated were hazardous waste.

B) Two pallets of waste paint that facility personnel stated would be shipped as ignitable waste.

C) 56 boxes containing 48 500 ml vials of Medicam in each box that facility personnel stated were hazardous waste.

D) Two boxes of blue lotion aerosol cans that facility personnel stated were hazardous waste.

E) One 10-gallon blue poly drum of waste phenol crystal.

F) One box containing two 4-liter amber bottles of phenol crystal.

Violation 3 – Failure to label each storage container with the words "Hazardous Waste", as required by **KAR 28-31-14(g)(3).**

[redacted]

A) 4 waste gas cylinders in Building H that facility personnel stated were hazardous waste.
B) Two pallets of waste paint that facility personnel stated would be shipped as ignitable waste.
C) 56 boxes containing 48 500 ml vials of Medicam in each box that facility personnel stated were hazardous waste.
D) Two boxes of blue lotion aerosol cans that facility personnel stated were hazardous waste.
E) One 10-gallon blue poly drum of waste phenol crystal.
F) One box containing two 4-liter amber bottles of phenol crystal.

Violation 4 – Failure to maintain only one satellite container at each point of generation, as required by **KAR 28-31-4(j)(1).**

On the day of inspection there were two one-gallon plastic bottles and one 4-liter amber bottle of non-chlorinated solvent waste in the same vent hood in the Micro Lab.

Violation 5 – Failure to close each satellite container, as required by **KAR 28-31-4(j)(1)(A).**

The 4-liter amber bottle in the micro lab noted in violation 4 was not properly closed. All containers of hazardous waste must remain closed at all times except when adding or removing wastes.

Violation 6 – Failure to label each satellite container of hazardous waste with the words "hazardous waste", as required by **KAR 28-31-4(j)(1)(B).**

The 4-liter amber bottle in the micro lab noted in violation 4 was not labeled with the words "Hazardous Waste."

Violation 7 – Failure to mark each satellite container with an accumulation start date when an additional container is started for the same waste stream, as required by **KAR 28-31-4(j)(2).**

The two one-gallon bottles in the micro lab noted in violation 4 were not marked with an accumulation start date.

Violation 8 – Failure to manage each satellite container as a storage container within three days of no longer meeting the definition of a satellite container, as required by **KAR 28-31-4(j)(2).**

The two one-gallon bottles in the micro lab noted in violation 4 were not being managed as storage containers. Facility personnel stated that the containers had been full for approximately 12 days.

Violation 9 – Failure to maintain sufficient aisle space to allow unobstructed movement of personnel and equipment, as required by **KAR 28-31-4(h)(5)/40 CFR 265.35.**

On the day of inspection, there was inadequate aisle space in Building H to properly manage hazardous waste.

Violation 10 – Failure to maintain adequate written job descriptions, as required by **KAR 28-31-4(g)(4)/40 CFR 265.16(d)(2).**

The facility's position description for Specialist, Safety/Occupational Health, does not describe the employees hazardous waste management responsibilities, On the day of

inspection, these responsibilities included signing manifests and conducting weekly hazardous waste inspections.

Violation 11 – Failure to list the home address of the emergency coordinator(s) in the facility contingency plan, as required by **KAR 28-31-4(g)(4).40 CFR 265.52(d).**

The facility's contingency plan included the emergency coordinators' name and phone numbers, but did not include the home address.

Violation 12 – Failure to properly label universal waste as required by **KAR 28-31-15/40 CFR 273.**

A) Universal waste fluorescent lamps in Building H were not labeled with an accumulation start date.

B) Universal waste ballasts in Building H were not labeled with an accumulation start date.

C) Universal waste fluorescent lamps in the Maintenance Utility's Room near the QC lab were not labeled with an accumulations start date. The lamps also were not labeled with the words "Universal Waste Lamp(s)", Waste Lamp(s)", or "Used Lamp(s)."

Comments/Concerns:

A) In the hazardous waste storage area near the QC lab, there is one flammable cabinet that contains multiple 4-liter amber bottles of different lab wastes. Please be sure that incompatible wastes are not being stored together where a release may occur.

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. You must submit in writing by **January 30, 2008**, a description of all corrective actions taken.

9 T.E. 3-24-09

Your cooperation with the waste management program is appreciated. If you have questions concerning this letter, please call me.

Respectfully,

Brian D'Alfonso

Brian D'Alfonso
Waste Management Program
Northeast District Office
Bureau of Environmental Field Services

cc: Jim Rudeen, BWM; Rebecca Wenner, BWM; NEDO file;

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

BUREAU OF WASTE MANAGEMENT
BUREAU OF ENVIRONMENTAL FIELD SERVICES

COMPLIANCE INSPECTION CHECKLIST
HAZARDOUS WASTE COVER PAGE

General ☒ **Routine** ☐ **Complaint**

EPA/ ID/Permit No. KSD 067 925 347 Time 9:50 Date 12-30-08

Facility Name Boehringer Ingelheim Vetmedica, Inc District Northeast

Street 1411 Oak Street City Elwood ,KS ZIP 66024-0338

Mailing Address (if different than above) 2621 N Belt Hwy, St. Joseph, MO, 64506-2002

County Doniphan Number of Employees ~140

Phone 816-383-8953 Fax _____ e-mail _____

Contact(s) Walter (Paul) Waters Inspector(s) Brian D'Alfonso

Type of Business Animal Pharmaceuticals

Operating Hours and Days 24/5

Lat/Long Location Method: _____ Lat/Long Location Feature: _____

Latitude: (e.g. 37.57621) _____ Longitude: (e.g. -101.57621) _____

Has the Lat/Long been entered in the SW database? Yes ☐ No ☒

Hazardous Waste Inspection: ☒ Yes ☐ No

Generator Classification: ☐ Closed/Inactive ☐ Small Qty. Generator ☒ EPA Generator
☐ Not a Generator ☐ Kansas Generator ☐ Transporter

Other Regulated Activities: ☐ T/S/D Facility ☐ Tank System ☐ Subpart BB
(complete applicable checklist) ☒ Universal Waste Activities

Has the company declared any information/processes as trade secrets KSA 65-3447? No
If yes, explain: _____

If facility is closed/inactive, or has recently moved please provide a brief description.

Used Oil Activities: ☒ Yes ☐ No

Does the facility have a total above-ground storage capacity of used oil (excluding containers less than 55-gallons) of more than 1,320 gallons? ☐ Yes ☒ No ☐ NA

If yes, then the facility is subject to SPCC requirements due to used oil activities.
Does the facility have a SPCC Plan? ☐ Yes ☐ No ☒ NA

Facility Used Oil Activities (Attach a checklist for each one marked):

☐ Generator
☐ Transporter / Transfer Facility
☐ Used Oil Burner (Off-Spec Fuel)
☐ Collection Center / Aggregation Point
☐ Used Oil Processor / Re-Refiner
☐ Used Oil Marketer

Attach all applicable checklists.

HAZARDOUS WASTE GENERATOR
COMPLIANCE INSPECTION CHECKLIST

WASTE STREAM TABLE

(List all hazardous wastes first, followed by solid wastes.)

Waste Description or Process	Hazardous Waste Codes (or universal, recycled, exempt, or non-hazardous)	Waste Determination Method (process knowledge or analytical data)	Waste Amount Generated Per Month	Waste Amount Presently in Storage	Oldest Accumulation Start Date	Present Waste Disposal Location (name of TSDF, MSWLF, recycler, etc.)
Waste IPA	D001	Analytical	~800-1000 gallons	21 55-gallon drums	11-3-08	Heritage Crystal Clean (HCC)
Anthelmintic waste with DEHP (including air handler waste)	U028	PK	~150 gallons	~400 gallons	10-29-08	HCC
Lab Packs	Varies	PK	Varies	~210 gallons	12-8-08	HCC
Waste Ink and 777 cleaner	D001	PK	<10 gallons	55-gallons	9-30-2008	HCC
Non-Halogenated Solvent	D001, F003, F005	PK	~35-gallons	130-gallons	9-29-08	HCC
Medicam	D001, F003	PK	Varies	2688 500mL vials	Not Marked	HCC
Blue Lotion Aerosols	D001	PK	Varies	~ 20	Not Marked	HCC
Waste Gas Cylinders	Varies	PK	Varies	4	Not Marked	HCC
Waste Paint	D001	PK	Varies	~150 gallons	Not Marked	HCC
Anthelmintic Waste without DEHP	Non-Haz	PK	~100 gallons	~280 gallons	NA	Covanta via HCC
Lead Acid Batteries	Universal	PK	Varies	None	NA	HCC

HAZARDOUS WASTE GENERATOR
COMPLIANCE INSPECTION CHECKLIST

WASTE STREAM TABLE

Waste Description or Process	Hazardous Waste Codes (or universal, recycled, exempt, or non-hazardous)	Waste Determination Method (process knowledge or analytical data)	Waste Amount Generated Per Month	Waste Amount Presently in Storage	Oldest Accumulation Start Date	Present Waste Disposal Location (name of TSDF, MSWLF, recycler, etc.)
Oxytet and Tylosin waste	Non-Haz	PK	Not Determined	Not Determined	NA	Covanta via HCC
Cloth rags and uniforms	Exempt	PK	Not Determined	Not Determined	NA	Cintas
Air Handler Waste (non-DEHP)	Non-Haz	PK	~2 drums / year	None	NA	HCC
Empty Waste Drums (Poly and Steel)	Non-Haz	PK	~40	Not Determined	NA	HCC
Used Oil	Recycled	PK	<10 gallons	~40 gallons	NA	HCC
Fluorescent Lamps	Universal	PK	~50	~400	Not Marked	HCC
Ballasts	Universal	PK	~5	~100	Not Marked	HCC

RCRA Compliance Evaluation Inspection Summary

Boehringer Ingelheim Vetmedica, Inc.
1411 Oak Street
Elwood, Kansas 66024

EPA ID No.: KSD 067 925 347

Inspection Dates: December 30-31, 2008

KDHE Inspector: Brian D'Alfonso
Bureau of Environmental Field Services
Northeast District Office (NEDO)

1.0 INTRODUCTION

On December 30 – 31, 2008, I conducted a routine compliance inspection at the facility referenced above to determine compliance with the State of Kansas waste regulations. The focus of the inspection was to identify types of wastes generated, points of waste generation, methods of waste management, and review relevant documents. This inspection was conducted under the authority of Kansas Administrative Regulation (K.A.R.) 28-31-12.

The facility manufactures animal pharmaceuticals. The facility consists of two main buildings. There is a parking lot on the south side of the main building, the east building. The west building consists of a shipping and receiving area and warehouse for product storage. The east building contains the administrative offices, raw material storage area, process lines, laboratories, one hazardous waste storage area, and packaging area. No manufacturing or storage activities occur outside the building. A third building is located south of the east building. This third building, approximately 50 by 50 feet, is the main hazardous waste storage area. A site map of the main building is provided in Attachment 1.

Based on the waste generation rates identified during the inspection, the facility is an EPA Generator.

2.0 CHANGES SINCE PREVIOUS INSPECTION

The facility was previously inspected December 29, 2005 by Thomas Hayes, Northeast District Office (NEDO), as an EPA Generator. Since that inspection, the facility has discontinued their ear tag manufacturing line. The business was sold to KMG Bernuth. Due to the sale of the ear tag manufacturing line, the facility is no longer generating pesticide waste. The facility still stores and ships finished product and the maintenance shop in the building where the ear tags are manufactured. The rest of the

building is owned by KMG and the facility does not generate or store any hazardous waste in that building.

The facility has also built a small building, approximately 50 feet by 50 feet, to store some incoming feedstock and the majority of the facility's hazardous waste. This building is located south of the main facility building.

The facility was also inspected by on February 4, 1999, by Beth Rowlands.

3.0 PREVIOUS VIOLATIONS

December 29, 2005 Inspection:

1. K.A.R. 28-31-4(b). Failure to determine.
2. K.A.R. 28-31-4(b)(3). Failure to label four hazardous waste storage containers with the words "hazardous waste".
3. K.A.R. 28-31-4(g)(2). Failure to mark the accumulation start date on four storage containers of paint waste (D001, D007, F005).
4. K.A.R. 28-31-4(g)(1)(A). Failure to conduct weekly hazardous waste inspections on three containers.
5. K.A.R. 28-31-4(g)(4). Insufficient aisle space for hazardous waste storage container.
6. K.A.R. 28-31-4(g)(1)(A). Failure to properly store incompatible wastes.
7. K.A.R. 28-31-4(k). Failure to document in weekly hazardous waste inspection logs notations of observations.
8. K.A.R. 28-31-4(j)(1). Failure to maintain only one container of each waste stream accumulated in a satellite accumulation area.
9. K.A.R. 28-31-4(j)(2). Failure to manage two containers of hazardous waste as a storage container within three days.
10. K.A.R. 28-31-4(j)(2). Failure to mark accumulation start dates on two satellite containers at the time additional containers were started.
11. K.A.R. 28-31-4(j)(1)(B). Failure to label three satellite containers hazardous waste.
12. 40 CFR 273.14. Failure to label universal waste lamps and ballasts.

February 4, 1999 Inspection:

1. K.A.R. 28-31-4(c)(1). Failure to update notification.
2. K.A.R. 28-31-4(k). Failure to document weekly inspections.
3. K.A.R. 28-31-4(j). Failure to mark satellite containers with the words "hazardous waste".

4. K.A.R. 28-31-4(j). Failure to mark satellite containers with the accumulation start date.

4.0 INSPECTION

I arrived at the facility at 9:25 a.m. on December 30, 2008 and approximately 9:00 a.m. on December 31, 2008. I asked for Walter Waters at the guard shack. After the guard on duty contacted Mr. Waters, I was informed Mr. Waters would be at the facility in approximately 20 minutes. Mr. Waters arrived at the facility coming from the facility's St. Joe, MO headquarters at approximately 9:50 a.m. Mr. Waters introduced himself to me as Paul Waters, Senior Specialist, Environmental Protection, Plant Services. I presented my credentials and discussed the purpose and procedures of the routine compliance inspection. Mr. Waters explained the facility operations and described the facility's waste streams. I then conducted a walk-through inspection of the interior and exterior of the facility. Mr. Waters accompanied me during the walk-through inspection.

West Building - Warehouse

No hazardous waste is generated in the west building.

The facility's maintenance activities are based out of the west building. There was one 55-gallon drum of used oil. The container was properly labeled and was approximately ¾ full.

There was an approximately 5-gallon parts cleaner that is on the continued use program (CUP) through Heritage Crystal Clean.

The facility uses the docking area of the building for storage and shipping of finished products. This area is where the facility keeps the majority of their response equipment, including spill control material, personal protective equipment and self contained breathing apparatus's (SCBA) for response to spills.

As discussed above, the facility no longer manufactures animal ear tags in this building. This product was sold to KMG. KMG manufactures the ear tags in the same area that Boehringer used to.

According to Mr. Waters, lead acid batteries are disposed of through Heritage Crystal Clean as universal waste. I did not observe any waste lead acid batteries.

East Building - Offices and Production

There is a microbiology lab on the second floor of the east building. The facility generates some waste solvents in this area from testing. In room 2011, there were two 40-gallon fiber drums containing oxytet and tylosin contaminated waste, including empty

glassware, personal protective equipment (PPE) and paper towels. This waste has been determined to be non-hazardous. Mr. Waters explained to me that the facility use to have a special waste disposal authorization for the waste and dispose of it at Johnson County Landfill. The facility has since then decided to dispose of it through Covanta, a waste incinerator in Indiana, along with all of the facility's sharps and other glassware. The facility's regular solid waste goes to Johnson County Landfill.

One of the facilities main hazardous waste streams is still produced in the main building through the generation of swine de-wormer (Atgard). This waste is also called anthelmintic waste. The waste is determined to be hazardous if it contains di(2-ethylhexyl) phthalate (DEHP). DEHP is a listed hazardous waste, U028. DEHP is a plasticizer used to make pellets that contain the drug Atgard. Pellets are not the only form that Atgard is delivered to animals. There are also pills and a liquid form. The pill and liquid forms do not contain DEHP. Wastes generated in the production of Atgard that do not contain DEHP have been determined to be non hazardous.

The production process and waste disposal methods for Atgard have not changed since the last inspection. Atgard that contains DEHP is disposed of as hazardous waste as is any wash water that is generated. All wash water that is considered non-hazardous goes to the facility's pre-treatment process. The facility has a permit with the city of Elwood for pre-treatment of waste water. In room 1011, there was one satellite container of waste Atgard and floor sweep that was labeled with the words "hazardous waste", closed and was approximately 2/3 full.

There is an air scrubber in room 1005 that is used to filter the air from the room that generates the DEHP form of Atgard. There is a 55-gallon drum in the air stripper collecting fine dust. The drum was closed, labeled with the words "hazardous waste" and approximately ¼ full.

The facility also produces a wide spectrum swine antibiotic called Denagard. The Denagard production and waste handling process has not changed since the previous inspection. In the Denagard production area, the facility generates a large volume of waste isopropyl alcohol mixed with water. According to Mr. Waters, the facility has tested the waste for flashpoint and the waste is ignitable (D001). Mr. Waters explained that the volume of waste IPA is what makes the facility an EPA generator. The IPA is used in the formulation of Denagard and is drawn of with the water before it is packaged. Mr. Waters stated that the waste IPA was approximately 60% IPA and 40 % water.

On the first floor of the east building is a quality control (QC) lab. The facility conducts quality control tests on their own products. Nothing is tested from outside the facility. In room 1080, there was one 5-gallon satellite waste container of HPLC vials.

The container was closed and labeled with the words "hazardous waste". Waste water from the labs goes to the facility's pre-treatment.

While in the QC lab, I spoke with Courtney Story, Lab Technician about the cleaning of glassware. Glassware is emptied into one of multiple 4-liter amber satellite containers, depending on what is in the glassware. A cloth rag is used with ethanol to clean off any markings from the glassware. The glassware is then cleaned in a commercial dish washer in the wash room. All of the facility's cloth rags and uniforms are laundered by Cintas.

Room 1089, adjacent to the QC lab and connected by a door, is used for the storage of all hazardous waste generated in the QC lab. The room has three yellow flammable cabinets. The left cabinet contains a 55-gallon drum of non-hazardous flammable gels. The middle cabinet contains one 55-gallon storage drum of waste non-chlorinated solvent, closed and labeled with the words hazardous waste. The start date on the container was December 24, 2008. The facility also dates the drum when it is full. I explained to Mr. Waters that if the container is a storage container and not a satellite container, the start date would be the accumulation start date. Mr. Waters stated that he thought the accumulation start date began when the container was full. I then explained the differences between a satellite container and a storage container. Mr. Waters stated that the container is a storage container because lab technicians empty other satellite containers into it. The container had approximately 10-gallons in it.

The third yellow cabinet, the right one, contained 19 4-liter amber satellite containers, all partially full with different wastes (see photo 1). Ms. Story explained to me that these are the containers that lab technicians pour their waste into before cleaning the glassware. All of the containers were closed, and labeled with the words "hazardous waste". The containers all had accumulation start dates, which did not apply to most the containers. There were 9 containers on the bottom shelf (see photo 2) and ten containers on the middle shelf (see photo 3). The top shelf had two containers waiting to be determined. Facility personnel were not sure if all of these wastes were compatible, so I noted this as a concern in the Notice of Non-Compliance (NONC) dated January 5, 2008. The 19 containers contained the following wastes:

Bottom Shelf

- Chromic acid
- Acid waste
- Cyanide waste
- Chlorinates solvent waste
- Iodine waste
- Lead waste
- Nitrate waste
- Barium waste

- Mercury waste

Middle Shelf

- Halogenated solvent waste
- Phenol waste
- Cupric sulfate waste
- Ferric chloride waste
- Viacetamide waste
- Vaccum pump oil waste
- Potassium permanganate waste
- Arsenic waste
- Dichlorvos, DEHP, DOP, DOA, MeOH, ethylene glycol and other organic solutions
- Pyridine, Ether, Karl Fischer Waste

One of the containers is used as a storage container. Satellite containers from two Karl Fischer machines are dumped into the pyridine/ether/Karl Fischer waste container. The container had an accumulation start date of December 17, 2008.

Also in room 1089 were three 40-gallon fiber drums. Two of the drums contained empty waste vials and wormer without DEHP. The containers were labeled non-hazardous. The third drum contained DEHP contaminated wastes, was labeled with the words "hazardous waste" and closed. There was a start date of May 12, 2008, but the container was a satellite container, so an accumulation start date was not needed.

There was also one full 5-gallon bucket of waste HPLC vials. The container was closed and labeled with the words "hazardous waste". The container had an accumulation start date of December 29, 2008, so no violations were cited. I again explained the requirements of a satellite container and explained to Mr. Waters that the facility had three days from the day the container was filled to move the container to the facility's hazardous waste storage area. Mr. Waters stated that he understood.

The facility operates a pretreatment system that is approved by the city of Elwood. The facility's lab is approved by KDHE to sample for pH, which is what they are required to sample for in their pretreatment permit.

In the east main corridor, the facility has two air handlers with bag filters. These air handlers collect dust from the parts of the facility that do not contain DEHP. These wastes are determined to be non-hazardous waste and are sent for incineration.

The facility disposes of all of their empty drums through Heritage Crystal Clean.

Building H - Hazardous Waste Storage Area

Building H is used to store all flammable feedstock materials and all full containers of hazardous waste. The building is split in half by a metal cage. Product is stored on the north side of the cage and waste is stored on the south side of the cage. On the day of inspection, the south side of the building was near capacity. The facility maintains the spill control materials that are listed in the facility's contingency plan in building H.

There were 21 55-gallon drums of waste IPA, all labeled with the words "hazardous waste" and all closed. All waste IPA containers had an accumulation start date between November 3, 2008 and December 12, 2008.

There were seventeen 40-gallon fiber drums of anthelmintic waste (Atgard). Seven of these containers were labeled as non DEHP containing waste. The other ten containers were labeled with the words "hazardous waste" and properly closed. The ten containers had accumulation start dates between October 29, 2008 and December 4, 2008.

There were multiple lab packs from the facility's annual lab clean out. All of the containers were properly labeled with the words hazardous waste, were properly closed, and were marked with an accumulation start date as follows:

- Three 25-gallon fiber container, waste corrosive 12-8-08.
- One 40-gallon fiber container, waste isopropanol, 12-8-08.
- One 40-gallon fiber container, waste flammable methanol and pyridine, 12-8-08.
- One 40-gallon fiber container, waste toxic, 12-8-08.
- 5-gallon bucket, waste mercury compound, 12-8-08
- 5-gallon bucket, waste bromine solution, 12-8-08
- 5-gallon bucket, waste oxidizer, 12-8-08

There was one drum of waste non-halogenated solvents with an accumulation start date of December 23, 208. The drum was closed and labeled with the words "hazardous waste".

Perimeter

No environmental concerns were observed around the perimeter of the buildings.

Document Review

On December 31, 2008, Mr. Waters provided me with the requested documents for review. I reviewed the following documents: manifests, land disposal restriction notices (LDRs), weekly hazardous waste storage area inspection logs, material safety

data sheets (MSDS), notification, analytical results, waste profiles, annual and biennial reports, personnel training records, and contingency plan.

No violations were identified during the inspection of the following regulatory areas:

- General and Notification Requirements – No problems were noted. The notification was current and correct. Analytical results for the waste thinner were on file.
- Pre-Transport Requirements - The treatment, storage, and disposal facility (TSDF) provides the generator with preprinted hazardous waste labels.
- Storage Requirements
  - Weekly hazardous waste inspection logs were on file and satisfactory. I reviewed past logs beginning September 2000 through the present.
- Contractual Agreement Requirements - Not applicable.
- Manifest Requirements - Manifests were on file and satisfactory. I reviewed past manifests beginning January 18, 2006 through the present. The last manifest reviewed was number 000191122WAS, dated November 11, 2008.
- LDR Requirements - All LDR notices were satisfactory. The treatment, storage, and disposal facility (TSDF) provides the generator with an LDR notice to complete and return with each shipment.
- Special Conditions - Not applicable.
- Hazardous Waste Reporting Requirements:
  - Biennial Reports - Past biennial reports were on file and satisfactory.
  - Annual Reports and Fees - Past annual reports were on file and satisfactory. Annual monitoring fees had been paid for 2000 and 2001.
- Preparedness and Prevention Requirements - All requirements were satisfactory.
- Personnel Training Requirements - Personnel training records were on file and satisfactory.

5.0 DISCUSSION OF VIOLATIONS

Violation 1 – Storage of hazardous waste over 90 days, in violation of **KSA 65-3441(a)(2).**

A) There was one 55-gallon drum labeled "waste ink and 777 cleaner" in Building H with an accumulation start date of September 30, 2008 (see photo 4). The container was labeled with the words hazardous waste and closed. I did not observe this waste stream during my walk through. Mr. Waters

explained that the waste comes from video jet printers that are located in each production area. The printers are used to print lot numbers and expiration dates on pre-made labels. The facility does not make labels for their products on-site. The container had been in storage for 91 days on the first day of my inspection. The container was still in storage on my second day of inspection. Mr. Waters explained that the facility had recently had a waste shipment and did not have enough room for all of the waste.

B) One 55-gallon drum of non-halogenated solvent in Building H with an accumulation start date of September 29, 2008 (see photos 5 & 6). This waste came from the QC lab waste storage room. The container had a start date of September 29, 2008 and a full date of November 3, 2008. Mr. Water explained that this waste is the one storage drum that is generated in the QC area. The drum had been in storage for 92 days on the first day of my inspection and 93 days on the second day of my inspection.

Violation 2 – Failure to mark each storage container with an accumulation start date, as required by **KAR 28-31-4(g)(2).**

A) 4 waste gas cylinders in Building H (see photo 7). I asked Mr. Waters if these cylinders were empty or not. Mr. Waters stated that empty cylinders are disposed of as solid waste and partially full cylinders are disposed of as hazardous waste. Mr. Waters believed these cylinders were out of date and partially full. Mr. Waters stated that he did not when they were placed in the building and did not know why they were not labeled. Mr. Waters suspected that they had been placed there recently. The two silver gas cylinders contained 1.54 % methane, 10 ppm hydrogen sulfide, 300 ppm carbon dioxide, 15% oxygen and the balance was nitrogen. The other two cylinders contained 20.9 % oxygen and a balance of nitrogen. The containers were in a small blue recycling bin and were not labeled with the accumulation start dated.

B) Two pallets of waste paint (see photo 8). Mr. Waters stated that this waste would be shipped as a D001 ignitable hazardous waste. The pallets were not marked with an accumulation start date. The pallets contained 29 5-gallon buckets of waste paint, 15 one-gallon containers of waste paint and 15 quart containers of waste paint. The paint was a mix of oil based, latex and acrylic paints. Mr. Waters explained that the facility disposed of all paint as hazardous waste as a safeguard.

C) 56 boxes containing 48 500 ml vials of Medicam in each box (see photos 9 & 10). Mr. Waters stated that the solution contained methanol and made the waste ignitable. Mr. Waters explained that this waste was leftover from research and development and could not be sold as product. The waste was not marked with an accumulation start date.

D) Two boxes of blue lotion aerosol cans (see photo 11). Mr. Waters explained that the product is manufactured at another facility but shipped to the Elwood facility for QC analysis. Mr. Waters stated that the propellant in the aerosol cans made them an ignitable waste and would be shipped as a D001 waste. The waste was not marked with an accumulation start date.
E) One 10-gallon blue poly drum of waste phenol crystal. According to Mr. Waters, the waste was an out of date product from the lab. Off-spec phenol is a listed hazardous waste, U188. The waste was not marked with an accumulation start date (see photo 12).
F) One box containing two 4-liter amber bottles of phenol crystal. This waste was also off-spec lab product. The waste was not marked with an accumulation start date (see photos 11 & 12).

Violation 3 – Failure to label each storage container with the words "Hazardous Waste", as required by **KAR 28-31-14(g)(3).** All of the wastes in this violation are as described in violation 2 with the same photo references.

A) 4 waste gas cylinders in Building H.
B) Two pallets of waste paint.
C) 56 boxes containing 48 500 ml vials of Medicam in each box.
D) Two boxes of blue lotion aerosol cans.
E) One 10-gallon blue poly drum of waste phenol crystal.
F) One box containing two 4-liter amber bottles of phenol crystal.

Violation 4 – Failure to maintain only one satellite container at each point of generation, as required by **KAR 28-31-4(j)(1).**
On the day of inspection there were two one-gallon plastic bottles and one 4-liter amber bottle of non-chlorinated solvent waste in the same vent hood in the Micro Lab (see photo 13). Bill Godshall, Lab Technician, explained to me that all three of the containers contained the same waste.

Violation 5 – Failure to close each satellite container, as required by **KAR 28-31-4(j)(1)(A).**
The 4-liter amber bottle in the micro lab noted in violation 4 was not properly closed (see photo 13). The container had a funnel in the open top. Mr. Godshall stated that he had been adding waste to the container earlier that morning. When I first entered the lab, nobody was working in the lab. Mr. Godshall was on break, so the container was not in use.

Violation 6 – Failure to label each satellite container of hazardous waste with the words "hazardous waste", as required by **KAR 28-31-4(j)(1)(B).**

The 4-liter amber bottle in the micro lab noted in violation 4 was not labeled with the words "Hazardous Waste" (see photo 13).

Violation 7 – Failure to mark each satellite container with an accumulation start date when an additional container is started for the same waste stream, as required by **KAR 28-31-4(j)(2).**
The two one-gallon bottles in the micro lab noted in violation 4 were not marked with an accumulation start date (see photo 13). The amber bottle was partially full and did not require an accumulation start date.

Violation 8 – Failure to manage each satellite container as a storage container within three days of no longer meeting the definition of a satellite container, as required by **KAR 28-31-4(j)(2).**
The two one-gallon bottles in the micro lab noted in violation 4 were not being managed as storage containers (see photo 13). When asked, Mr. Waters stated that these containers would not be part of a weekly hazardous waste inspection. Mr. Godshall stated that the containers had been full for approximately 12 days, which would require at least one weekly hazardous waste inspection.

Violation 9 – Failure to maintain sufficient aisle space to allow unobstructed movement of personnel and equipment, as required by **KAR 28-31-4(h)(5)/40 CFR 265.35.**
On the day of inspection, there was inadequate aisle space in Building H to properly manage hazardous waste (see photos 9 & 14). During my inspection, Mark Reichel, Maintenance, assisted in the moving of pallets with a forklift so I could conduct an accurate count of the waste in storage. I also needed the pallets to be moved so I could see the accumulation start dates on the container of waste IPA and water, as the label containing the date was on the top of all of these drums.

Violation 10 – Failure to maintain adequate written job descriptions, as required by **KAR 28-31-4(g)(4)/40 CFR 265.16(d)(2).**
The facility's position description for Specialist, Safety/Occupational Health, does not describe the employee's hazardous waste management responsibilities (see attachment 4). On the day of inspection, these responsibilities included signing manifests and conducting weekly hazardous waste inspections, according to Mr. Waters. On the day of inspection, this position was occupied by Bus Hinkle. During my review of records, I observed Mr. Hinkle's signature on the facility's weekly hazardous waste storage inspection checklists and on the facility's hazardous waste manifests.

Violation 11 – Failure to list the home address of the emergency coordinator(s) in the facility contingency plan, as required by **KAR 28-31-4(g)(4).40 CFR 265.52(d).**
The facility's contingency plan included the emergency coordinators' name and phone numbers, but did not include the home address (see attachment 5).

Violation 12 – Failure to properly label universal waste as required by **KAR 28-31-15/40 CFR 273.**

A) Universal waste fluorescent lamps in Building H were not labeled with an accumulation start date (see photo 15).
B) Universal waste ballasts in Building H were not labeled with an accumulation start date (see photo 16).
C) Universal waste fluorescent lamps in the Maintenance Utility's Room near the QC lab were not labeled with an accumulations start date (see photos 17 - 20). The lamps also were not labeled with the words "Universal Waste Lamp(s)", Waste Lamp(s)", or "Used Lamp(s)" (see photos 17 - 20)

6.0 EXIT CONFERENCE

I met with Mr. Waters to discuss the results of the inspection. I discussed the violations observed and discussed options for corrective actions with Mr. Waters. I provided Mr. Waters with the Bureau of Waste Management (BWM) compact disc and briefly explained some of the information available on the website. At the conclusion of the exit conference, I explained to Mr. Waters that a copy of the NONC would be mailed to the facility within five business days. I informed Mr. Waters that additional violations could still be identified once the information gathered during the inspection had been reviewed.

7.0 LIST OF HANDOUTS PROVIDED TO FACILITY

Compact Disk (CD) with all BWM handouts and examples

8.0 LIST OF ATTACHMENTS

Attachment 1 – Main Building Site Map
Attachment 3 – Job Description
Attachment 4 – Contingency Plan
Photo Log

9.0 SIGNATURE OF AUTHOR/INSPECTOR

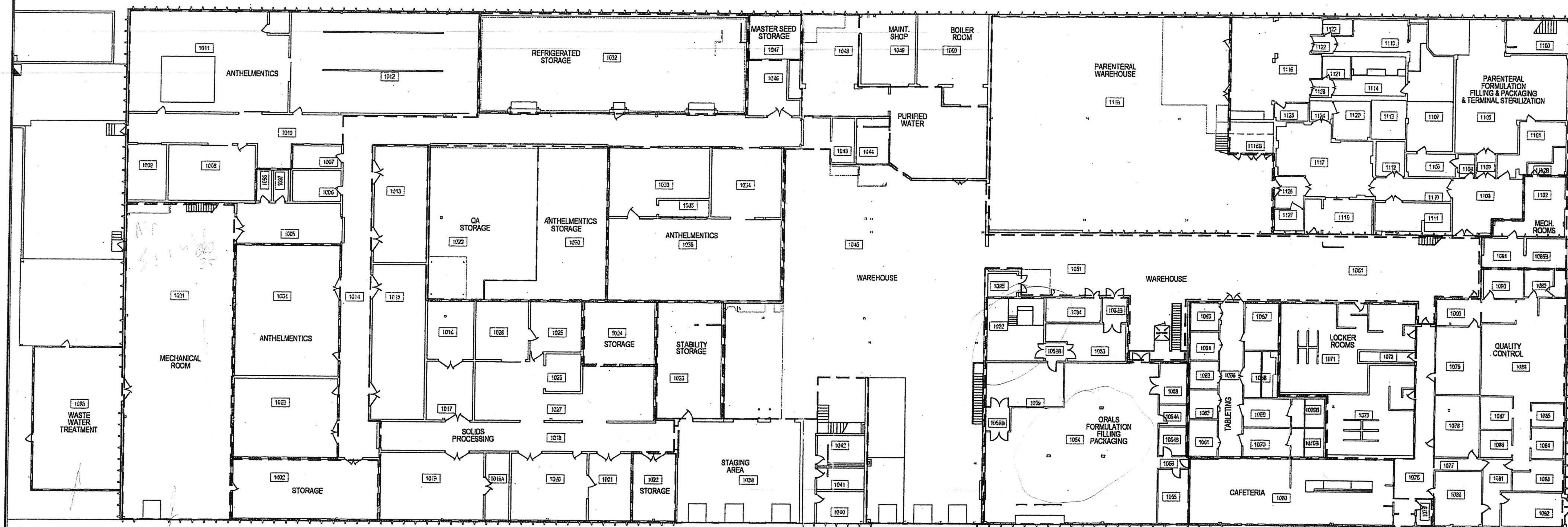
This report was prepared by:

Signature

ATTACHMENT:

1

Floor 1

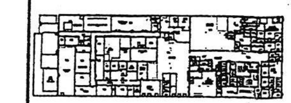


Nov.19.2008 8:00 AM
Long,Matthew BIV-US-J.
\\stjfs03\mlong3$\Vault\Elwood, KS\Compliance Drawings\FDA\2008\EC.PH.F1.AF.dwg

Boehringer Ingelheim

Boehringer Ingelheim
Vetmedica, Inc.
2621 North Belt Highway
St. Joseph, Missouri 64506
Phone: (816) 233-2571
Est. 124

Key Plan



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MRL	08.30.2008	CC #08 - 0158
INTL	DATE	DESCRIPTION

Sheet Name:
ELW Building PH
First Floor Plan - Facility Layout
Area Functions

DWG Name: EC.PH.F1.AF.dwg

Drawn By: M.Long

Approved By:

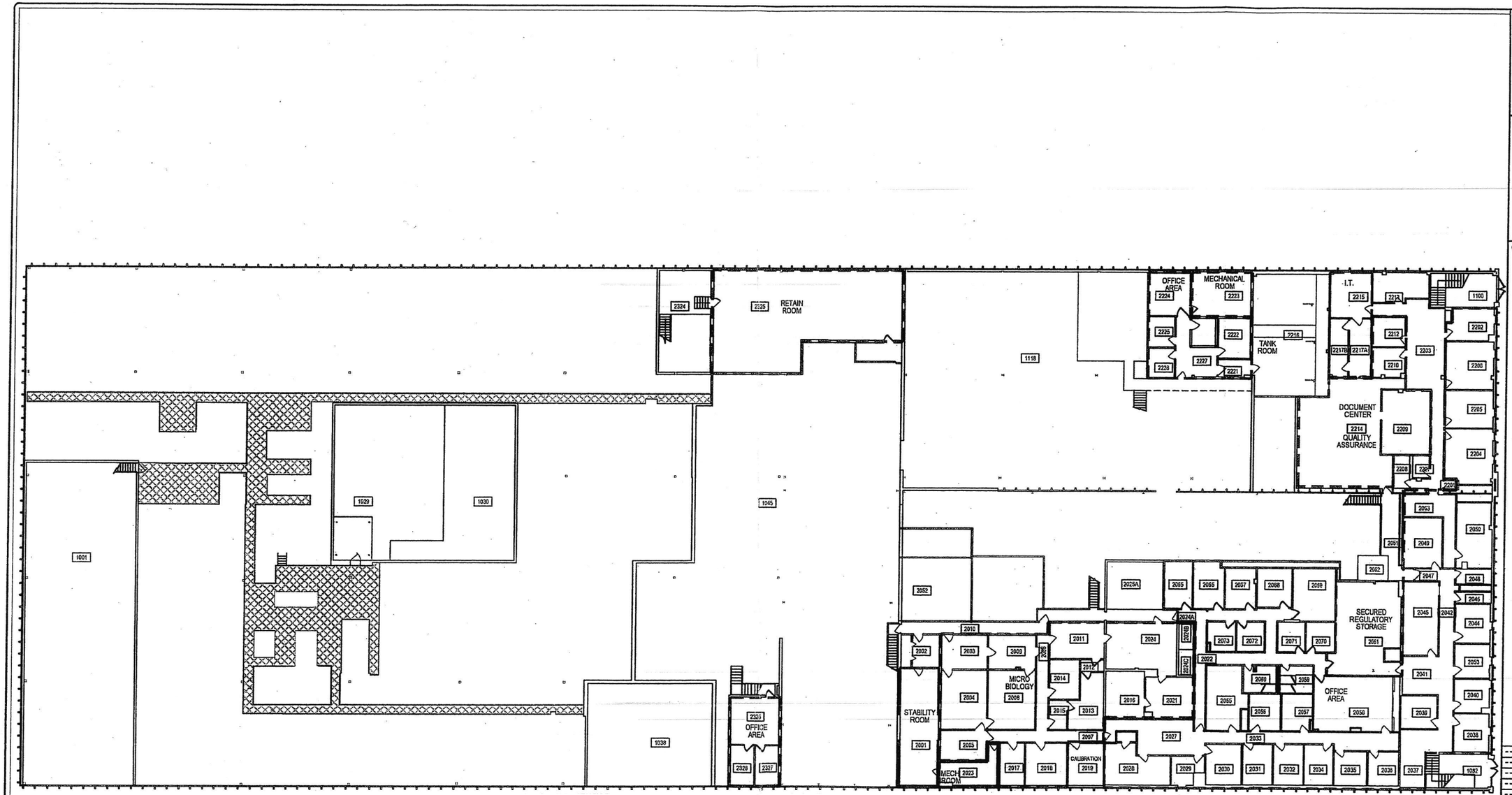
Job No.

N

Drawing: 6 of

Drawing Scale: NONE

Floor 2

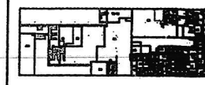


Nov.19.2008 8:00 AM
Long,Matthew BIV-US-I
\\qfs03\vmlong38\Vault\Elwood, KS\Compliance Drawings\FDA\2008\EC.PH.F2.AF.dwg

Boehringer Ingelheim

Boehringer Ingelheim Vetmedica, Inc.
2621 North Belt Highway
St. Joseph, Missouri 64506
Phone: (816) 233-2571
Est. 124

Key Plan



Comments / Notes:

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MRL	08.04.2008	CC #08 - 0158
INTL	DATE	DESCRIPTION

Sheet Name:
ELW Building PH
Second Floor Plan - Facility Layout
Area Functions

DWG Name:
EC.PH.F2.AF.dwg

Drawn By: M.Long
Approved By:
Job No.
Drawing: 7 of
Drawing Scale: NONE

ATTACHMENT:
2

Bus Hinkle manifest signs Inspects

N Young

POSITION DESCRIPTION

Position Title: Specialist, Safety/Occupational Health

Number of Incumbents: 1 **Position Department:** Human Resources

Cost Center Number: 5330 **Location:** All locations (Office in St. Joseph)

Reports To: Manager, Safety & Environment

Date Description Originally Prepared:	5/24/01	Date Description Last Reviewed:	8/27/02

APPROVAL SIGNATURE

The signatures below signify that this position description accurately describes the nature of the duties required of the position and is a true representation of the responsibilities, accountabilities and qualifications applicable to any incumbent in this position.

IMMEDIATE SUPERVISOR/MANAGER DATE

NEXT LEVEL MANAGER DATE

OFFICER DATE

EMPLOYEE SIGNATURE

Signifies incumbent has reviewed the content of this position description.

Natalie A Young 10-16-02

INCUMBENT *DATE*

Forward original of this document to your site Human Resource Department. A copy of the approved description should be retained by the supervisor/manager and a copy provided to the incumbent.

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

JOB CODE	2B	2		EEO-2 CODE	
FLSA CODE	Exempt	HRS PER WK		SHIFT	1
REGULAR	X	TEMPORARY			

Jannie Nelson 10-11-02

HUMAN RESOURCES DEPARTMENT DATE

COMPENSATION OFFICE DATE

☒ Evaluation/Reevaluation ☐ Update only, no evaluation ☐ For recruitment purposes

BASIC PURPOSE OF POSITION

Assist with the development, implementation, and maintenance of Safety and Health related programs for BIVI. Ensures compliance with federal, state, and local authorities. Candidate should be familiar with the following responsibilities.

PRINCIPAL RESPONSIBILITIES

Succinctly describe each of the position's major responsibilities indicating for each one the level of importance, the approximate percentage of total work time spent (over 12 month period), and the authority level assigned.

LEVEL OF IMPORTANCE	RESPONSIBILITY	% OF TIME	AUTHORITY LEVEL
High	Performs hazard/ergonomic assessments.	30	
High	Coordinates safety training for OSHA related programs.	10	
High	Serves as a member of the emergency response team. Assists with assuring adequate training for members and assists with enhancements of the facilities emergency management plan	10	
High	Coordinate medical activities associated with the Biosafety Program	10	

PRINCIPAL RESPONSIBILITIES
(Continued)

LEVEL OF IMPORTANCE	RESPONSIBILITY	% OF TIME	AUTHORITY LEVEL
High	Performs safety inspections and audits, and provides advice to departments on opportunities to improve safety performance.	5	
High	Eliminate some clinic visits for issues that may be dealt with through appropriate 1st aid treatment (minor burn or follow-up care such as dressing changes, wound care treatments, etc.).	10	
High	Work up physician approved treatment protocols that can reduce work-related physician visits by assessment and direct interventions for primary care of employee complaints.	10	
High	Eliminate unnecessary usage for private medical treatment or provide proper referral for non-work-related injury/illness issues for employees.	5	
High	Provides local leadership in strategically guiding cases to closure through constant monitoring or case progress.	10	

POSITION QUALIFICATIONS

WHAT SKILLS/ABILITIES ARE REQUIRED?

Describe the qualifications required for competently performing the responsibilities assigned to this position.

A thorough knowledge of OSHA regulations pertaining to workplace safety. Hands on experience with occupational health and ergonomics. Demonstrate good oral and written communication. Computer experience with Windows Software, etc. is necessary. Must be able to work well with all levels of employees and develop an atmosphere of honestly caring for their safety. Experience in implementation of programs is necessary.

HOW ARE THESE SKILLS ACQUIRED?

State acceptable levels of experience and/or education.

B.S. in Safety, Occupational Health, or related field required.

5+ years experience is required.

Experience working in position with safety and health responsibilities with an emphasis on ergonomics.

PROBLEM SOLVING

Describe the major problem-solving challenges typically encountered in this position and indicate how solutions are arrived at.

The biggest conflict will be to getting task completed with conflicting priorities from various departments. Must be able to prioritize workload.

CONTACT WITH OTHERS

Does this position require frequent contact with persons inside the Company? Outside the Company?
List, in order of importance, typical contacts and purpose for contacts.

CONTACT	PURPOSE
Daily contact with various levels of employees in manufacturing and laboratory environment	Build trust and working relationship in order to improve safety within each department

RESOURCES

What resources are regularly used to assist the incumbent in doing this job?
Consider support persons, procedure manuals, references materials, etc.

Resources will include various levels of Management, Human Resources, and the Manager, Safety and Environment

EQUIPMENT OPERATION

List the types of equipment operated, serviced, or repaired.
State the approximate percentage of working time typically spent on each.

Various IH and Safety equipment.

DIMENSIONS

List any relevant quantitative data relating to this position.

N/A

ADDITIONAL INFORMATION

Do any persons report to this position? ☐ No If yes, indicate how many:

Indicate, by check mark in the appropriate box, the degree to which an incumbent in this position has authority to make decisions affecting these subordinates--i.e., hiring, salary decisions, discipline, termination, etc.

☐ **PRIMARY** (Full authority to make such decisions.)

☐ **SIGNIFICANT INPUT** (Is regularly required by management to make recommendations.)

X ☐ **SOME** (May be asked by management for opinions from time to time.)

☐ **NONE**

If no one reports to this position does the position either regularly assign work or give on-the-job guidance to other employees? ☐ No

If yes, explain the nature and frequency of these activities.

WORKING ENVIRONMENT/PHYSICAL EXERTION

Work in light industrial applications. Lifting restrictions are 50lbs and ability to wear respiratory protection is required.

ORGANIZATIONAL CHARTING

Attach a current Organizational chart to the back of this description.

RECOMMENDED POSITION TITLE: Specialist, Safety/Occupational Health

ATTACHMENT:

3

1. Purpose and Scope of Plan Coverage

Purpose and Scope

The purpose of this Contingency Plan is to provide a description of the response procedures to be implemented in the event of an unplanned release, discharge or spill of any potentially hazardous material at the Boehringer Ingelheim Vetmedica, Inc. Elwood Production Facility (BIVI-Elwood). Timely response is intended to minimize hazards and impacts to human health or the environment from spills, fires, or explosions resulting in unplanned sudden or non-sudden releases of hazardous materials or potentially hazardous materials to air, soil, surface water, groundwater or the City of Elwood Publicly Owned Treatment Works (POTW).

The plan provides guidance and information for prompt actions and notifications to the proper personnel and authorities dealing with spills and releases. The provisions of the plan must be carried out immediately whenever there is a spill, fire, explosion, sewer discharge or other incident which might release hazardous material or hazardous material constituents which could threaten human health or the environment.

Facility Overview

The Boehringer Ingelheim Vetmedica, Inc.- Elwood Production Facility manufactures pharmaceuticals and ectoparasiticide products for veterinary use. The Pharmaceutical Building, located directly northeast of the intersection of 15th & Oak Streets, Elwood, KS is involved primarily in the formulation of veterinary drug products. The Specialty Products building, located on 15th Street, immediately southwest of the intersection of 15th & Oak, is involved primarily in the formulation and production of pesticide products. The Specialty Products Building is also the main warehousing facility for raw materials used in both buildings. The Waste Accumulation Building, located immediately southwest of the Specialty Products Building is used to store RCRA hazardous and other wastes accumulated from the manufacturing of pharmaceutical and pesticide products.

In general, process wastewaters are pretreated and batch discharged to the Elwood POTW. Personnel wastewaters are discharged into the sanitary sewer. Wastewater from the Pharmaceutical Building production areas is collected in a sump system that pumps the water to the pretreatment system. The wastewater is treated by heating, then by hydrolysis with pH adjustment. Treated wastewater is discharged in 9,000-gallon batches. Wastewater from personnel restrooms, showers and hand washing stations are not collected in this system. Floor drains from packaging and labeling are not plumbed to pretreatment either. Wastewater from the Specialty Products Building production areas is collected in sumps and drains that pump the water to the wastewater collection tank. The tanked wastewater is transferred to the Pharmaceutical Building pretreatment system and handled as previously described. Wastewater from personnel restrooms and hand washing stations are not collected in this system.

The pretreatment system is operated in accordance with BIVI standard operating procedure (SOP) number 14-027. It is operated to meet or exceed the requirements of pretreatment permit number M-MO05-OO01. Sample analyses for pH are performed in-house, in accordance with

SOP 14-022. Only KDHE certified laboratory technicians are allowed to perform the pH analyses. Instruments used for pH measurement are standardized before each use. Analyses for other parameters are performed by State approved contract laboratories. The tanks and other pretreatment equipment are inspected by the technicians that operate the system. The inspection schedules are prescribed in specific SOPs.

Regulatory Requirements and Guidance

This plan is written to address the following regulatory requirements:

- RCRA Contingency Plan (40 CFR Part 265, Subpart D)
- OSHA HAZWOPER (29 CFR 1910.120(q))
- EPA / KDHE Pre-treatment Slug/Spill Control Plan (40 CFR Part 403.8(f)(2)(v) and pretreatment permit M-MO05-OO01
- The National Response Team's Integrated Contingency Plan Guidance and OSHA CPL Directives

2. Table of Contents

3. Revision Information

a) Current revision

This plan was originally completed for distribution on May 12, 1994.
This is the tenth version of the plan, completed February 8, 2008.

b) Revision procedure

The contingency plan must be reviewed, and immediately amended, if necessary, whenever:

i) The plan fails in an emergency;
ii) The facility changes-in its design, construction, operation, maintenance, or other circumstances-in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency;
iii) The list of emergency coordinators changes; or
iv) The list of emergency equipment changes.

c) Distribution of revisions

Revisions of the plan shall be submitted to the following:

i) Police Department
City of Elwood Police Department
6th and Kentucky
Elwood, KS 66024

ii) Fire Department
Elwood Fire Department
1000 Oak Street
Elwood, KS 66024
Attn: Al Wood, Fire Chief

iii) Local Hospital
Heartland Regional Medical Center
5325 Faraon
St. Joseph, MO 64506
Attn: Manager, Safety and Security

iv) Primary Health Care Facility
Heartland Occupational Medicine
401 Illinois
St. Joseph, MO 64504

v) Pretreatment Coordinator

Kansas Department of Health and Environment
Bureau of Water
Industrial Programs Section
1000 SW Jackson, Suite 420
Topeka, KS 66612-1367
Attn: Steve Caspers

vi) POTW Operator

City of Elwood
207 North 6th Street
Elwood, KS 66024
Attn: Bobby Hall

4. Emergency Contacts and Important Numbers and Addresses

Following are the four primary emergency coordinators for hazardous materials incidents at this site, in order of call. Contact information for these individuals is in the tables following this list. Additionally, contacts for specific situations can be found in the tables following this list.

Paul Waters
Mark Ariagno
Deb Meyers
Roger George

[redacted] Ex. 6 PII

Home phone numbers of emergency coordinators can be cross referenced from personnel files.

PRINT LATEST UP-TO-DATE LIST, APPROXIMATELY THREE PAGES

Important Local, State and Federal Emergency Numbers

Elwood, City of

Ambulance ..... 911 or (913) 365-0021
City Hall ..... (913) 365-6871
Fire Department ..... 911 or (913) 365-0021
Police Department ..... 911 or (913) 365-0211
Publicly Owned Treatment Works ..... (913) 365-6871

Emergency Response Contractors

SEMA Region H Hazmat Response Team 911
Heritage Environmental Services ..... (816) 453-4321

Federal Agencies

National Response Center (USCG) ..... (800) 424-8802
RCRA/Superfund Hotline ..... (800) 424-9346
US EPA Region VII- KC, KS. ..... (913) 551-7006
US EPA Region VII Oil and Chemical Spill Reports ..... (913) 281-0991

Fire Departments

Doniphan County Fire Department ..... 911 or (913) 365-0021
St. Joseph Fire Department (alternate) ..... (816) 271-4789

Hospitals

Heartland Regional Medical Center ..... (816) 271-6000

Kansas Department of Health and Environment

Bureau of Water Industrial Programs ..... (785) 296-5551
Environmental Emergencies/Spill Reporting ..... (785) 296-1679
Emergency Number (after hours/weekends) ..... (785) 296-0614
Environmental Remediation Program ..... (785) 296-1660
General KDHE Number ..... (785) 296-1500

Law Enforcement

Doniphan County Sheriff ..... (785) 985-3711
Elwood Police Department ..... 911 or (913) 365-0211
Kansas State Police (Highway Patrol) ..... (785) 296-3102

Security Companies

Securitas ..... (816) 364-3332

Local, State and Federal Addresses

City of Elwood Kansas
6th and Kentucky
Elwood, KS 66024

Kansas Department of Health and Environment
Division of Environment
Curtis State Office Building
1000 SW Jackson Street
Topeka, KS 66612

United States Environmental Protection Agency
Region VII
726 Minnesota Avenue
Kansas City, KS 66101

5. Facility Information and General Information

a) Facility location information
   i) Facility Name:.....Boehringer Ingelheim Vetmedica, Inc. Elwood Production Facility
   ii) Physical Address: .....1411 Oak Street
   iii) Mailing Address: .....P.O. Box 338
   iv) City: .....Elwood
   v) County: .....Doniphan
   vi) State: .....Kansas
   vii) Zip Code: 66024-0338
   viii) Facility Phone.....(913) 380-3125
   ix) Facility Fax .....(913) 380-3117
   x) Latitude: .....039 Degrees, 45 Minutes, 06 Seconds
   xi) Longitude: .....094 Degrees, 53 Minutes, 19 Seconds

b) Owner's information
   i) Owners Name: .....Boehringer Ingelheim Vetmedica, Inc.
   ii) Physical Address:.....2621 North Belt Highway
   iii) Mailing Address:.....2621 North Belt Highway
   iv) City:.....St. Joseph
   v) State: .....Missouri
   vi) Zip Code: 64506-2002

c) Other facility identification information
   i) EPA ID Number:.....KSD067925347
   ii) Kansas Pretreatment Permit Number:.....P-MO05-OO02
   iii) Primary SIC Code: 2834
   Primary NAICS Code 325412
   iv) TRI Facility ID:.....66024FRMT15THA
   v) Dun and Bradstreet: 00-713-4091

d) Chemical and oil storage information
   i) Pharmaceutical Building
      1) Several pharmaceutical raw materials in liquid and solid form are stored in the Pharmaceutical Building. Chemicals stored in the facility include flammable liquids, corrosive liquids and solids and toxic liquids and solids. The building has a sump system that directs process wastewater to the pretreatment system. The main production line areas, the two main equipment wash rooms, and the boiler rooms are all plumbed to the treatment system.

(a) Outside the northeast corner of the building are two tanks, each with 6,000 gallons capacity. They currently store di(2-ethylhexyl)phthalate, DEHP. The tanks are diked and fenced. These tanks are never filled to capacity.

(b) Adjacent to the DEHP tanks, on their west side, are two silos of granular polyvinyl chloride (PVC).

(c) Flammable raw materials are stored in flammable material storage lockers located in Rooms 1118 and 1095. Room 1095 has a no-discharge spill containment pit.

(d) The majority of non-flammable raw materials are stored in rooms 1032, 1045 and 1118. Room 1032, refrigerated storage, is diked and gated.

2) Several chemicals, typically in containers of 4 liters or less, for use in the QC Laboratories are stored in the laboratories- Rooms 1078, 1079, 1085, 1088, 2003, 2004, 2005, 2008, 2011, 2016, 2017, 2018, 2021 and 2024.

(a) Flammable chemicals are stored inside flammable material storage cabinets in the labs;

(b) Non-flammable chemicals are stored on shelves within the labs.

3) Hazardous waste satellite accumulations points are located in the following areas:

(a) Room 1009 (Anthelmintics Washroom)- plasticizer and dichlorvos waste

(b) Room 1036 (Denegard Feed Grade)- isopropyl alcohol and water waste

(c) Room 1090 (Chemistry Lab)- non-chlorinated and chlorinated solvent waste

ii) Specialty Products Building

1) Several pharmaceutical raw materials in liquid and solid form are stored in the Specialty Products Building warehouse area. Chemicals stored in the facility include flammable liquids, corrosive liquids and solids and toxic liquids and solids. The warehouse area of the building is diked for fire water containment. The equipment wash pit is plumbed to the process waste collection tank.

(a) Flammable raw materials are stored in the flammable material storage building located at the southeast corner of the Oak and 15th streets.

(b) The majority of non-flammable raw materials are stored in the warehouse section of the building.

2) Several chemicals, typically in containers of 4 liters or less, for use in the R&D Laboratories are stored in the laboratories.

(a) Flammable chemicals are stored inside flammable material storage cabinets in the labs.

(b) Non-flammable chemicals are stored on shelves within the labs.

iii) Hazardous Waste Accumulation Building

1) The Hazardous Waste Accumulation Building is located at the southeast corner of the Oak and 15th streets. It is constructed on a hill, well above the 100 year flood line. Appendix 4 presents a list of waste typically stored in the building.

2) The building is equipped with Class I Division II electrical equipment. The floor of the building is designed as a retention basin and includes a no-discharge sump.

6. Hazardous Material Release Internal Notification Procedure

a) Hazardous Material Spill

Appendix 1 presents the Hazardous Material Spill Response standard operating procedure (SOP), 14-001. All BIVI departments that have a potential for hazmat spills are trained on SOP 14-001. All BIVI SOPs are available to all employees all the time on the BIVI intranet. The spill SOP directs personnel who are not responders to notify the emergency response team of significant spills by paging on the facility wide public address system.

b) BIVI emergency response spill team

Standard BIVI training for spill team members is from external and internal sources. Actual responders are trained to, and respond at, the technician level. Responders train for PPE level B, with self-contained breathing apparatus (SCBA), or lesser PPE responses. Training, drill and other records are kept on file. All the training courses used are modeled after the National Incident Management System (NIMS). Only certified external trainers are used. BIVI certification of its spill team members is displayed on the employees' identification badges.

External training consists of 24 hours initial training and an eight hour refresher course per year. Some team members acquire additional BIVI external training in the form of an incident command (IC) course. The IC course has a separate eight hour refresher. Incident commanders have an additional notation on their employee identification badges. These individuals may respond as technicians or hazardous materials specialists. These individuals act as on scene incident commanders until relieved by a BIVI emergency coordinator (with IC training), or by a senior official from an external responding agency.

Internal training consists of spill drills (usually four per year), team meetings (usually monthly) and CPR / AED training. Some members are also trained for confined space entry and rescue. Some members practice with the SCBAs beyond the scheduled practices. All BIVI employees have formal education, experience and training to qualify for their job descriptions before being hired. Further job specific training is provided by BIVI as needed. All employees with a need to know are trained on this contingency plan annually. Training attendance rosters are kept on file.

Outside of BIVI, some team members have had 40 hour hazardous waste site training, or other 40 hour or 24 hour hazmat training. Some members have had fire department, military or other industrial emergency response, first aid, fire fighting and security training and experience for nuclear, biological, chemical or fire incidents and site remediations. Also, the team coordinator worked in the Iowa DNR statewide spill response office for three years, and is a Certified Infrastructure Preparedness Specialist (#1944) by the Office of Infrastructure Preparedness.

The blood pressure and pulse of entry team and decontamination team members are taken before they dress in PPE. These members are watched for signs and symptoms of

exposure during and after performance of their duties. Emergency medical personnel will be notified if needed.

c) Fire/Explosion

Appendix 2 presents the standard operating procedure to follow in the event of a fire or explosion.

d) Tornado response is in the standard operating procedure Appendix 2.

e) Injuries requiring emergency medical services are in Appendix 3, the standard operating procedure for Requesting Emergency Medical Services.

7. Hazardous Material Release External Notification Procedure

a) Whenever there is a release, fire, or explosion, the Emergency Coordinator must immediately identify the character, exact source, amount, and areal extent of any released materials. He/she may do this by observation or review of facility records, MSDS or manifests, and if necessary, by chemical analysis.

b) The requirement for reporting releases to local, state and federal authorities shall be determined by the Emergency Coordinator and all reports to local, state and federal authorities shall be made by the Emergency Coordinator or her/his designee.

c) If the Emergency Coordinator determines that the facility has had a release, fire or explosion which could threaten human health or the environment outside the facility, he/she must report their findings as follows:

i) Releases of hazardous substances

1) Reports to local authorities:

(a) If an assessment of the incident indicates that evacuation of local areas may be advisable, the Emergency Coordinator must immediately notify the Elwood Police Department and/or the Doniphan County Sheriffs Department. The Emergency Coordinator must be available to help these officials decide whether local areas should be evacuated. The notification of the possible need to evacuate shall be made as soon as possible after it has been determined that the nature and/or extent, or rate of spread of hazardous material poses a threat to surrounding areas.

(b) In the event that personnel requiring emergency medical assistance are contaminated with a hazardous material due to a spill or release, the responding ambulance service and hospital emergency room shall be notified so that appropriate actions can be taken.

2) Reports to State Authorities:

(a) When the Emergency Coordinator determines that there has been a spill of hazardous material or wastes, regardless of phase or physical state, which threaten to contaminate or alter any of the properties of the waters of the state or pollute the soil or create a nuisance, the incident shall be reported to the Kansas Department of Health and Environment- Environmental

Emergencies/Spill Reporting Hotline (see Section 4 of this plan for the phone number).

(b) It shall be the responsibility of the Emergency Coordinator to determine if an event meets the above stated reporting requirements.

(c) Any release that triggers the federal reporting requirements (see following) will also be reported to KDHE- Environmental Emergencies/Spill Reporting Hotline (see Section 4 of this plan for the phone number).

3) Reports to Federal Authorities

(a) Releases of Hazardous Substances

(i) Federal reporting requirements are triggered whenever there is a release of a hazardous substance in an amount equal to or greater than the reportable quantity (RQ) for the substance in any 24 hour period.

(1) A release is defined as any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping or disposing into the environment (including the abandonment or discarding of barrels, containers, and other closed receptacles) of any hazardous chemical or hazardous substance.

NOTE: Any release which results in exposure to persons solely within the boundaries of the facility (interpreted to mean within the walls of the plant) is specifically exempted from environmental reporting requirements, but may trigger OSHA reporting.

(2) The term hazardous substance is defined as any substance on the list set forth under the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), the Emergency Planning and Community Right-to-Know Act (EPCRA) the Clean Air Act (CAA) and the Clean Water Act (CAA) and any material meeting the definition of a RCRA hazardous waste.

NOTE: The term does not include petroleum, including crude oil or any fraction thereof which is not otherwise specifically listed or designated as a hazardous substance under CERCLA, EPCRA, CAA, CWA or RCRA hazardous waste regulations, and the term does not include natural gas, natural gas liquids, liquefied natural gas, or synthetic gas usable for fuel (or mixtures of natural gas and such synthetic gas).

(3) A reportable quantity is determined by referring to the lists established by the EPA. See the USEPA web site.

(ii) Releases that exceed a Reportable Quantity will be reported immediately to the National Response Center (1-800-424-8802).

(2) Releases of Oil

(a) Federal reporting requirements are triggered whenever there is a release of oil to navigable waters or adjoining shorelines in quantities that may be harmful to public health or welfare or the environment.

(i) The term oil means oil of any kind or in any form, including, but not limited to, petroleum, fuel oil, sludge, oil refuse and oil mixed with wastes other than dredged spoil.

(ii) The term navigable waters as defined by EPA includes basically all waters and wetlands of the United States.

(iii) Discharges that may be harmful to public health or welfare or the environment include those that cause a film or sheen upon or discoloration of the surface of the water or adjoining shorelines or cause a sludge or emulsion to be deposited beneath the surface of the water or upon adjoining shorelines.

(b) Releases of oil that meet the above requirements will be reported immediately to the National Response Center (1-800-424-8802).

ii) The Emergency Coordinator will report as much of the following information as possible when contacting state and federal authorities. Do not delay reporting because all of the information is not known. Follow-up reports can be filed when additional information becomes available. Appendix 7 presents a form that can be used to collect information to complete the report.

1) The name, title, organization and phone number of the person placing the call;
2) The name and address of the facility;
3) The location, time and duration of the incident;
4) Source and cause of the incident;
5) The chemical name and quantity of material(s) involved, to the extent known;
6) An indication of whether the substance is on the extremely hazardous substance list and the reportable quantity (if any) for the substance;
7) The medium or media into which the release occurred;
8) Any injuries associated with the release, and, where appropriate, advice regarding medical attention necessary for exposed individuals;
9) The possible hazards to human health, or the environment, outside the facility and proper precautions to take as a result of the release, including evacuation.
10) Weather conditions at the incident location;
11) Measures taken to control or mitigate the release;

d) Reports to U.S. and German Corporate Authorities

All communication to U.S. and German Corporate Authorities will be in accordance with the Corporate Safety and Environment Committee Guidelines and Initiatives, number EP-4.

e) Media Communication

All media communication will be handled as specified in the Crisis Management Plan.

f) Follow-up notifications

i) As soon as possible after a release requiring emergency notification, the facility must provide a written follow-up emergency notice updating the initial verbal information. The follow-up notice is required to include both an update of the initial verbal report plus the following information:

1) Actions taken to respond to and contain the release;
2) Any known or anticipated acute or chronic health risks associated with the release;
3) Measures taken to prevent future releases.

8. Reporting Unplanned Releases to the Elwood POTW

a) Whenever it has been determined that a spill or release has occurred that will result in a discharge to the sanitary sewer system that has the potential to adversely impact the Elwood POTW or violates any of the waste water permit requirements, the following notifications should be made **immediately.**

i) Elwood POTW (see Section 4 of this plan for the number).

ii) KDHE Bureau of Water (see Section 4 of this plan for the number).

b) Situations that have the potential to adversely impact the Elwood POTW include:

i) Discharge of pollutants which create a fire or explosion hazard in the POTW. This includes, but is not limited to, waste streams with a flash point of less than 140° F (60° C);

ii) Pollutants which will cause corrosive structural damage to the POTW, specifically any discharge with a pH lower than 5.0 or greater than 10.0;

iii) Solid or viscous pollutants in amounts which will cause obstruction to the flow in the POTW resulting in interference;

iv) Any pollutant, including oxygen demanding pollutants (BOD, etc.) released in a discharge at a flow rate and/or pollutant concentration which will cause interference with the POTW;

v) Heat in amounts which will inhibit biological activity in the POTW resulting in interference, specifically heat in such quantities that the temperature of the effluent reaching the POTW exceeds 104°F (40°C);

vi) Petroleum oil, non-biodegradable cutting oil or products of mineral oil origin in amounts that will cause interference or pass through;

vii) Pollutants which result in the presence of toxic gases, vapors, or fumes within the POTW in a quantity that may cause acute worker health and safety problems.

c) The pretreatment permit issued to BIVI- Elwood by KDHE has the following pretreatment limits and requirements.

i) pH within the range of 5.0 to 10.0

ii) Dichlorvos concentration less than or equal to 0.03 mg/L

iii) Pharma effluent standard analytes

acetone	8.2 mg/L
methylene chloride	0.7 mg/L
n-amyl acetate	8.2 mg/L
ethyl acetate	8.2 mg/L
isopropyl acetate	8.2 mg/L

iv) Total cyanide below the detection limit

If a spill causes the facility to violate the pretreatment permit, additional sampling for the parameters violated must be completed within 30 days.

d) The pretreatment permit contains provisions for Pesticide Formulating, Packaging and Repackaging (PFPR) compliance, and requires the following.

i) BIVI shall notify KDHE- Bureau of Water as soon as it knows, or has reason to believe:

1) That any activity has occurred or will occur which would result in the discharge, on a routine or frequent basis, of any toxic pollutant which is not limited in the permit, if that discharge exceeds the **highest** of the following notification levels.

(a) One hundred micrograms per liter (100 µg/l);

(b) Two hundred micrograms per liter (200 µg/l) for acrolein and acrylonitrile;

(c) Five hundred micrograms per liter (500 µg/l) for 2,4 dinitrophenol and for 2-methyl-4, 6-dinitrophenol;

(d) One milligram per liter (1 mg/l) for antimony.

(e) Five (5) times the maximum concentration value reported for that pollutant in the baseline monitoring report.

2) That any activity has occurred or will occur which would result in the discharge, on a non-routine or infrequent basis, any toxic pollutant which is not limited in the permit, if that discharge will exceed the **highest** of the following notification levels.

(a) Five hundred micrograms per liter (500 µg/l).

(b) One milligram per liter (1 mg/l) for antimony.

(c) Ten (10) times the maximum concentration value reported for that pollutant in the baseline monitoring report.

e) A written report shall be submitted to KDHE- Bureau of Water within three (3) days following the required notification. The report shall explain the cause of the incident and any steps that are being taken to prevent recurrence. A copy of the report will be provided to the City of Elwood.

9. Detailed Facility Information

a) Facility maps and drawings

i) The following maps and drawing are presented in Appendix 5.

1) A map showing the location of the Elwood facility.

2) A drawings of the Pharmaceutical Production Building.

3) A drawing of the Specialty Products Building.

b) Facility evacuation

i) Primary evacuation routes

All exits may be used for emergency egress. Exit routes are located on maps mounted at various wall locations within both manufacturing buildings. In the event a chosen exit is blocked, employees will proceed to the next nearest exit.

ii) Secondary evacuation routes

All exits may be used for emergency egress. Exit routes are located on maps mounted at various wall locations within both manufacturing buildings. In the event an exit is blocked, employees will proceed to the next nearest exit.

iii) Alternate evacuation routes

All exits may be used for emergency egress. Exit routes are located on maps mounted at various all locations within both manufacturing buildings. In the event an exit is blocked, employees will proceed to the next nearest exit.

iv) Signals to be used for each evacuation plan

Both manufacturing buildings are equipped with an audible fire alarm system activated manually or by loss of sprinkler system water pressure. A detailed procedure for evacuation is included the Appendix 2 of this plan. Also, the paging intercom system is capable of calling for evacuation. In the unlikely event that both of these systems fail, word of mouth communication between emergency coordinators and production supervisors for subsequent relay to subordinates will be used.

c) Location of local police/hospital/medical facilities

i) The Police Station is located approximately one mile east of the facility at 6th and Kentucky Streets, Elwood, KS.

ii) The primary hospital, Heartland Hospital East, is located approximately ten miles east of the facility at 5325 Faraon Street, St. Joseph, MO.

iii) BIVI's primary health care facility, Med Clinic, is located approximately seven miles northeast of the facility at 401 Illinois Avenue, St. Joseph, MO.

d) Emergency response equipment

i) ENTRANCES- All Entrances may be used as emergency exists. A number of exit only doors are located throughout both buildings as indicated on the facility diagrams (Appendix 5).

ii) EXITS- Emergency Egress routes are marked on wall mounted signs at various locations within both manufacturing buildings.

iii) OPERATING /STRUCTURAL EQUIPMENT- Maintenance personnel will shut down the gas main valves and electrical main power switches at both buildings before evacuating.

iv) ALARM SYSTEMS- Both buildings have automated fire alarm systems which activate on loss of water pressure (or manual activation).

v) COMMUNICATION SYSTEMS- An "All Page" Intercom System serves both manufacturing buildings. A telephone and emergency alarm device serves the Hazardous Waste Accumulation Building.

vi) FIRE EXTINGUISHING SYSTEMS- Both manufacturing buildings are equipped with heat activated fire sprinklers.

vii) FIRE EXTINGUISHERS- Both manufacturing buildings as well as the Hazardous Waste Accumulation Building are equipped with dry chemical fire extinguishers. The extinguishers are located strategically throughout the facility.

viii) SPILL CONTROL EQUIPMENT

1) Spill Absorbents, including vermiculite, absorbent pillows, and oil absorbent booms are located strategically in both manufacturing buildings and the Accumulation Building.

2) A cart containing additional supplies to be used by the spill response team is located in each building.

ix) DECONTAMINATION EQUIPMENT- Safety showers and eye wash stations are available in both manufacturing buildings. The Waste Accumulation Building where

hazardous wastes are transferred is also equipped with a safety shower and an eye wash station.

x) MONITORING EQUIPMENT

1) A combination flammable vapor, oxygen and H2S meter is located in the Safety Specialist's office
2) Drager detector tube sets are located in the spill response carts.
3) A Quality Control Laboratory exists in the Pharmaceutical Building which is equipped with modern analytical testing equipment.

xi) FIRST AID STATIONS- Various first aid stations, stocked monthly by an outside safety vendor, are available in both manufacturing buildings and the Accumulation Building. Approximately 20 employees at the facility have been trained as first responders and certified to provide CPR.

xii) EYEWASH STATIONS- Eyewash stations are located near areas that present a hazard for chemical exposure in both manufacturing buildings and the Waste Accumulation Building.

xiii) SELF CONTAINED BREATHING APPARATUS:

Two SCBAs in Pharmaceutical Building Room 1046, S&E supplies storage.
Two units in Specialty Products Building Room 1220, southwest corner of warehouse beside spill cabinet and extra spill supplies racks.
Two extra cylinders in Specialty Products Building Room 1220, southwest corner of warehouse beside spill cabinet and extra spill supplies racks.
The SCBAs are for use by the trained members of the Emergency Spill Response Team. There are currently 15 team members.

10. Approvals and Certifications

Blank for certification letter

11. Arrangements with Authorities

BIVI has contacted the local authorities (fire department, police, and ambulance service) which may be involved in an emergency situation. Each of these authorities has been provided a copy of the Contingency Plan. Correspondence regarding their specific involvement and coordination has been conducted.

Emergency Response Agencies

a) The Elwood Police Department and the local ambulance service have been given a copy of the Contingency Plan. The Police Department is to take the lead in the evacuation of areas surrounding the site, as necessary, and assist in directing traffic as necessary.

b) The Fire Department has been provided a copy of the Contingency Plan and periodically is given a tour of the facility to discuss specifics of the emergency response procedures. Fire Department personnel have been given information on the types of materials handled at the facility.

c) Heartland East Hospital maintains the closest hospital emergency room for the facility. Heartland East has been supplied with a copy of the Contingency Plan.

APPENDIX 1

HAZARDOUS MATERIAL SPILL RESPONSE PROCEDURE

SOP # 14-001

The most recent revision of this standard operating procedure must be printed from the BIVI intranet.

APPENDIX 2

EMERGENCY MANAGEMENT PLAN

SOP # 14-021

The most recent revision of this standard operating procedure must be printed from the BIVI intranet.

APPENDIX 3

REQUESTING EMERGENCY MEDICAL SERVICES

SOP # 14-019

The most recent revision of this standard operating procedure must be printed from the BIVI intranet.

APPENDIX 4

WASTE MATERIAL GENERATED AND STORED ON-SITE

Waste Description	Max. Volume Typically on Site	Average Monthly Volume	DOT Emergency Guide	EPA Waste Code
Non-RCRA anthelmintic solid waste	20 x 55-gal.	10 x 55-gal.	151	None
RCRA halogenated laboratory waste aqueous	1 x 55-gal.	5 gal.	153	D001, F002
RCRA non-halogenated laboratory waste aqueous	5 x 55-gal.	1 x 55-gal.	128	D001, F003
RCRA isopropanol & water waste	35 x 55-gal.	10 x 55-gal.	127	D001
RCRA Lab pack waste	100 gal.	20 gal.	Variable	variable
Ignitable aerosols	1 x 55-gal	5 gal.	119	D001
RCRA anthelmintic liquids	4 x 55-gal.	55 gal.	131	D001
Spent aqueous glycol solutions	12 x 55-gal.	55 gal.	None	None
Non-RCRA PVC grains, powder	6 x 55-gal.	55 gal.	171	None
Ignitable pharmaceutical liquid waste	3 x 55-gal.	30 gal.	128	D001
Non-hazardous pharmaceutical solid waste	30 x 55-gal.	8 x 55-gal.	None	None
Waste oil	4 x 55-gal.	55-gal.	171	None
Non-hazardous Pharmaceutical liquid waste	20 x 55-gal.	8 x 55-gal.	None	None

APPENDIX 5

MAP AND DRAWINGS

APPENDIX 6

WASTEWATER PRETREATMENT PERMIT M-MO05-OO01

APPENDIX 7

FORM

Hazardous Material Spill Worksheet
Assessment Information

Spill reporter information:

Name of person reporting spill:	
Building and room number that the spill is located:	
Date of spill:	Time of spill:

First responder information:

Name of first responder:	
Date of initial assessment:	Time of initial assessment:
Has security been notified (YES, NO):	If YES, time security was notified:

Spill Information:

Name of material:	
Amount of material spilled:	
Is the material actively leaking:	
Is the spill near a drain:	If yes, has the spill entered the drain:
Will there be a reportable quantity released to the environment (YES, NO):	
If yes, has regulatory agency been notified (YES, NO):	
If yes, list agencies contacted:	
Briefly describe the scene and give a root cause of the spill (initial impression):	

Evacuation Information:

Is evacuation necessary (YES, NO):	
If YES, give distances:	If NO, how many are sheltered in place:
What utility concerns need to be addressed:	

Scene Management Information:

Location of Command Post:
Location of Team assembly Area:
The I.C. should assign responders to the following duties as they arrive (if necessary and available):
Incident Commander:
Safety Officer:
Medical Officer:
Security Officer:
Communications Officer:
Entry Team:
Backup/Rescue Team:
Decontamination Team:
Site Team only or Unified Response (YES, NO):

Personal Protective Equipment (PPE) Information:

Does the Safety Officer need assistance retrieving supplies (YES, NO):
If YES, who was sent:
Has the Med. Officer evaluated all team members preparing to don PPE:
If YES, is there decontamination equipment available before donning PPE:
If YES, have Entry, Backup, and Decontamination teams start donning PPE
Briefly state what personal protective equipment (PPE) is required:
If NO, position the Fire Dept. to act as emergency decontamination prior to donning
What communication gear is available:

Work Zone Information:

Briefly estimate distances and describe locations of the following work zones which are established with the aid of air monitoring equipment as the entry team approaches the site (barricade with tape):
Hot:
Warm:
Decontamination:
Cold:
Equipment:
Mass Media:

Spill Containment Information:

What neutralizing agents are needed:
What extinguishing agents are needed:
Briefly describe the actions that are necessary to contain and clean up the spill and spent supplies(try to notate times as each action is initiated):
Does the Med Officer need assistance in evaluating responders (YES, NO):
If YES, who was sent:

Site and Equipment Decontamination Information:

What actions are required to decontaminate equipment and reusable supplies:	
What actions are required to clean decontamination zone:	
Has all waste materials been properly stored (YES, NO):	
Bldg H in St. Joseph (Briefly state what was stored):	Waste Accumulation Bldg in Elwood (Briefly state what was stored):

Spill Follow-Up Information

Date and time all response activity was completed:
Date and time of the debriefing:
Has a summary been written and paperwork been completed:
Has follow-up regulatory reporting been completed (YES, NO):
If YES, who was notified:
Were any outside contractors used during the spill response (YES, NO):
If YES, who was used (Include: contact person, company name, address, and telephone numbers)

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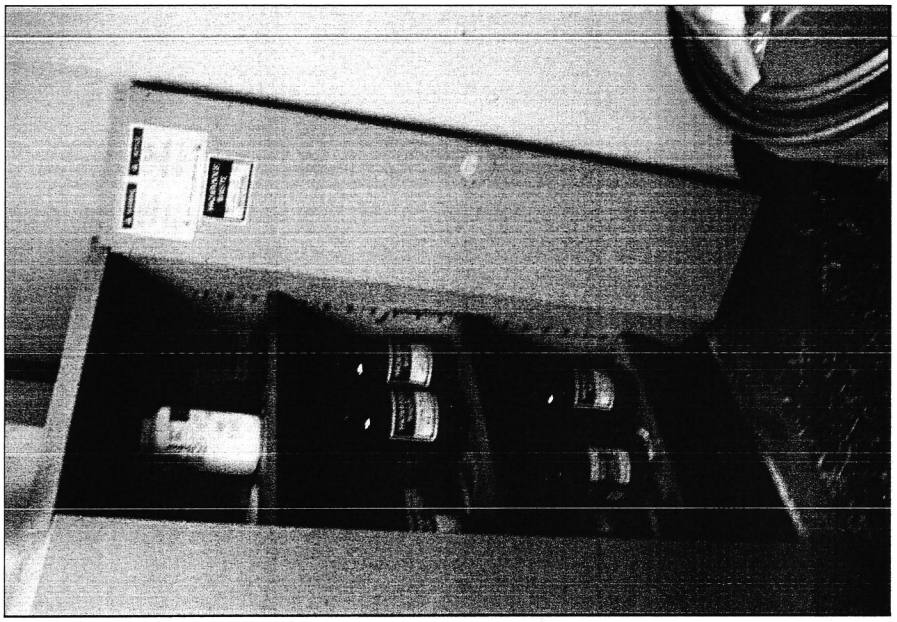
DIVISION OF ENVIRONMENT
Bureau of Environmental Field Services
Waste Management Programs
Northeast District Office

Photos have not been altered except to change the size of the file.

Site Name:	Boehringer Ingelheim Vetmedica, Inc.	**EPA ID No.:**	KSD 067 925 347
Address:	1411 Oak Street	**City:**	Elwood
County:	Doniphan	**Camera:**	Canon Powershot A590 IS
Legal:		**Taken By:**	Brian D'Alfonso



Picture No.:	1
Archive Disc File No.:	IMG_0167
Date:	December 30, 2008
Time:	2:02
Location:	QC Lab Storage Area
Direction Faced:	SE
Weather Conditions:	Indoor

Comments:

Yellow flammable cabinet containing multiple satellite containers in the storage area near the QC lab.

Picture No.:	2
Archive Disc File No.:	IMG_0169
Date:	December 30, 2008
Time:	2:10
Location:	QC Lab Storage Area
Direction Faced:	East
Weather Conditions:	Indoor

Comments:

Bottom shelf from Photo 1.

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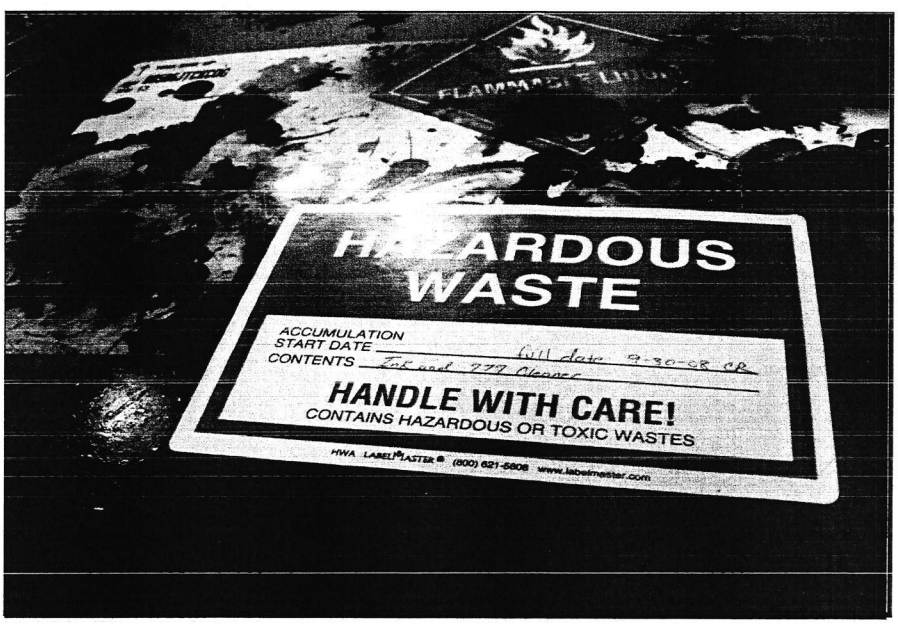
Site Name:	Boehringer Ingelheim Vetmedica, Inc.	**EPA ID No.:**	KSD 067 925 347
Address:	1411 Oak Street	**City:**	Elwood
County:	Doniphan	**Camera:**	Canon Powershot A590 IS
Legal:	0	**Taken By:**	Brian D'Alfonso

Picture No.:	3
Archive Disc File No.:	IMG_0168
Date:	December 30, 2008
Time:	2:09
Location:	QC Lab Storage Area
Direction Faced:	East
Weather Conditions:	Indoor
Comments:	Middle shelf from Photo 1.



Picture No.:	4
Archive Disc File No.:	IMG_0150
Date:	December 30, 2008
Time:	12:19
Location:	Building H
Direction Faced:	West
Weather Conditions:	Indoor
Comments:	Container of Waste Ink and 777 Cleaner with an accumulation start date of September 30, 2008.

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Northeast District Office

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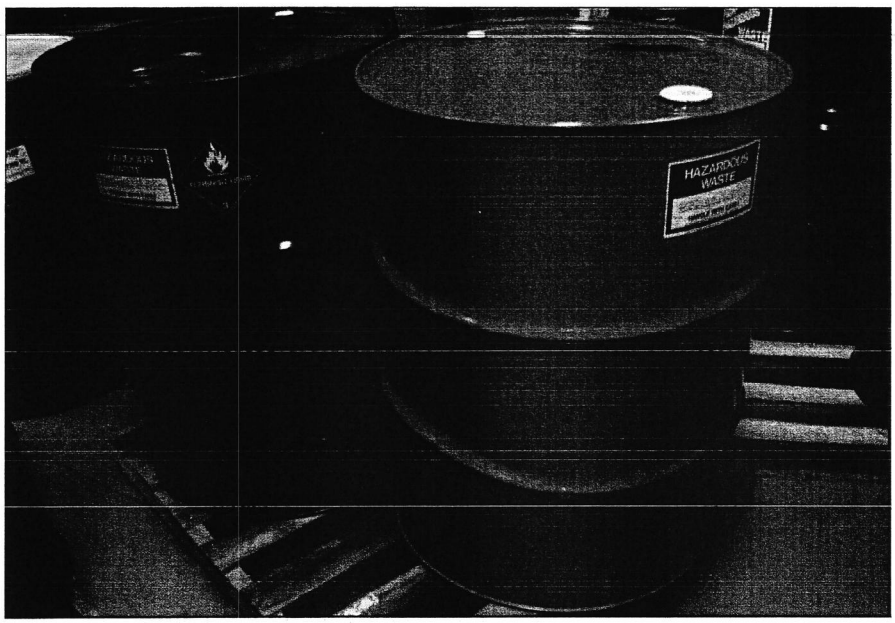
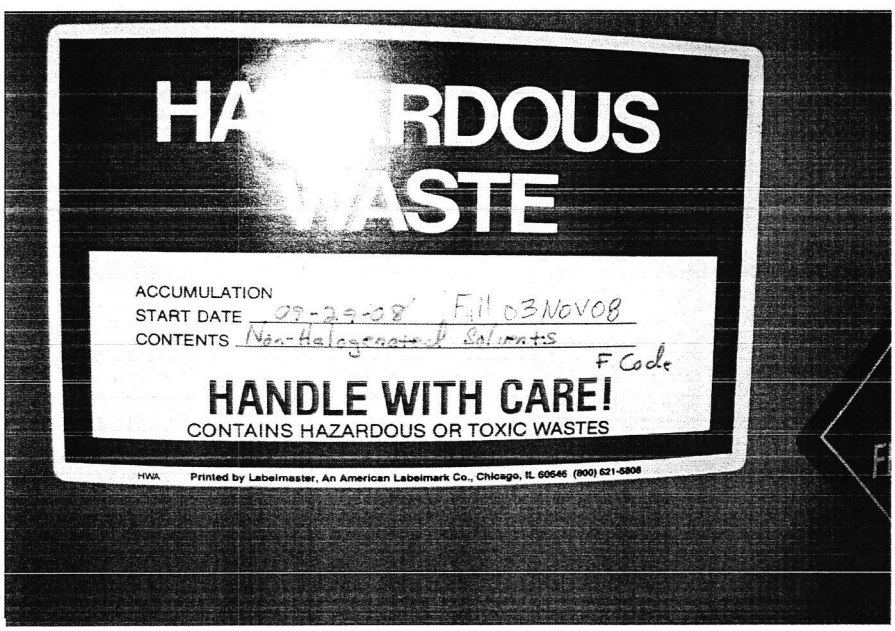
Site Name:	Boehringer Ingelheim Vetmedica, Inc.	**EPA ID No.:**	KSD 067 925 347
Address:	1411 Oak Street	**City:**	Elwood
County:	Doniphan	**Camera:**	Canon Powershot A590 IS
Legal:	0	**Taken By:**	Brian D'Alfonso



Picture No.:	5
Archive Disc File No.:	IMG_0149
Date:	December 30, 2008
Time:	12:17
Location:	Building H
Direction Faced:	Northeast
Weather Conditions:	Indoor

Comments:

Two containers of non-halogenated waste solvent in building H. The container on the right had an accumulation start date that was greater than 90 days old.



Picture No.:	6
Archive Disc File No.:	IMG_0149
Date:	December 30, 2008
Time:	12:18
Location:	Building H
Direction Faced:	Northeast
Weather Conditions:	Indoor

Comments:

Right container from photo 5 with an accumulation start date of September 29, 2008.

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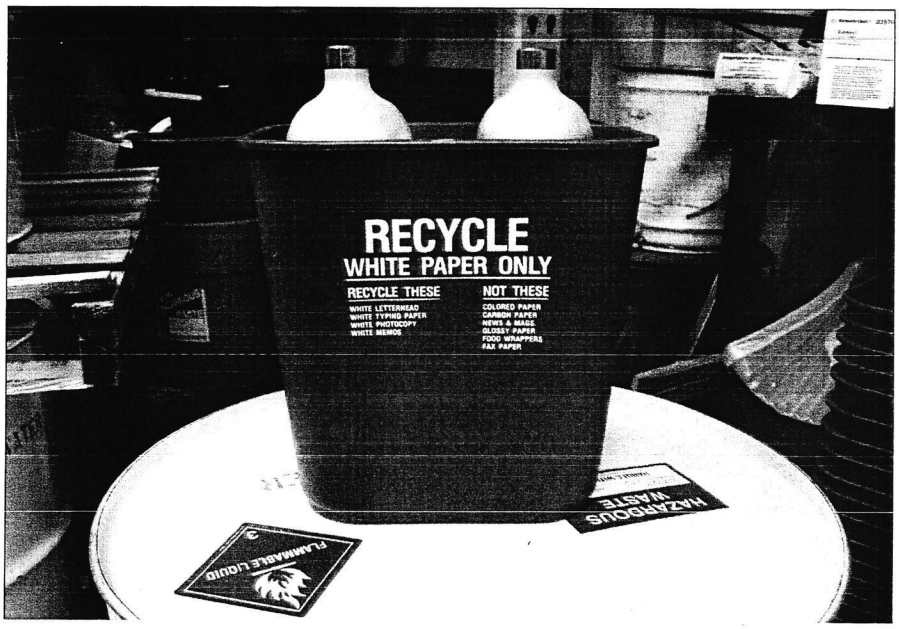
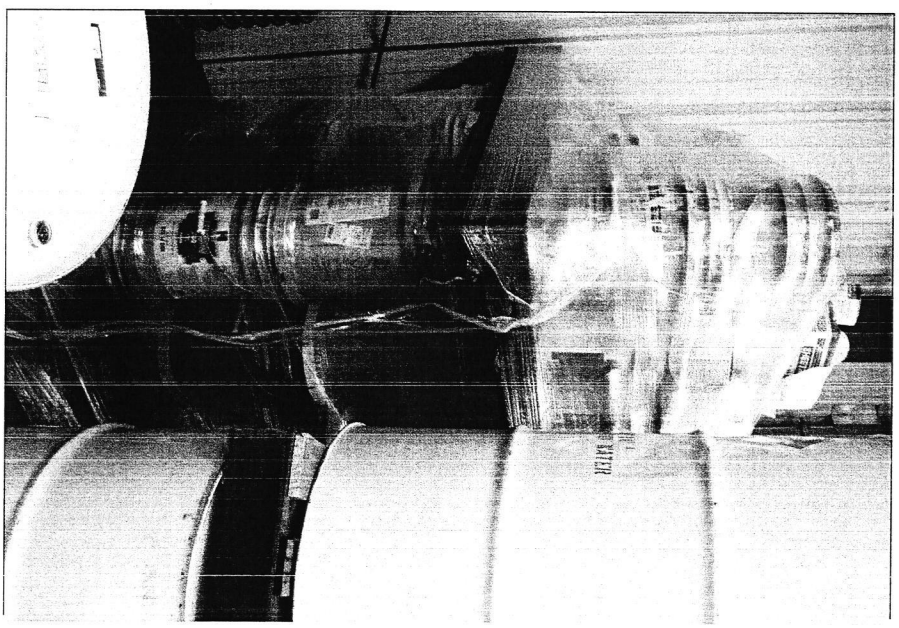
Site Name:	Boehringer Ingelheim Vetmedica, Inc.	**EPA ID No.:**	KSD 067 925 347
Address:	1411 Oak Street	**City:**	Elwood
County:	Doniphan	**Camera:**	Canon Powershot A590 IS
Legal:	0	**Taken By:**	Brian D'Alfonso



Picture No.:	7
Archive Disc File No.:	IMG_0144
Date:	December 30, 2008
Time:	12:12
Location:	Building H
Direction Faced:	Northeast
Weather Conditions:	Indoor

Comments:

Four waste gas cylinders in a small recycling bucket not labeled with the words "hazardous waste" or the accumulation start date. Two of the canisters were shorter than the blue container, thus they can not be seen in the photo.



Picture No.:	8
Archive Disc File No.:	IMG_0145
Date:	December 30, 2008
Time:	12:14
Location:	Building H
Direction Faced:	Southeast
Weather Conditions:	Indoor

Comments:

Two pallets of waste paint not labeled with the words "hazardous waste" or the accumulation start date.

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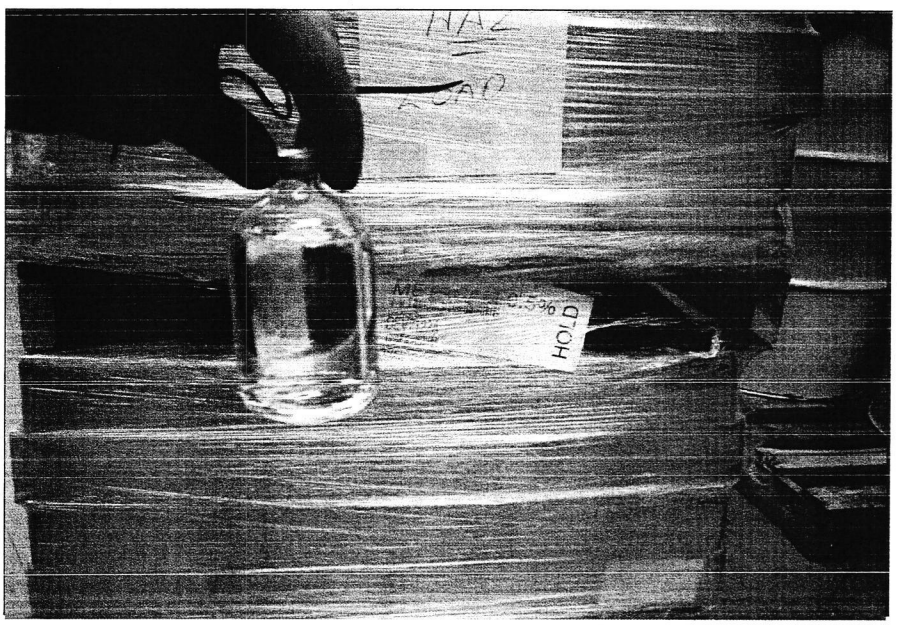
Address:	1411 Oak Street	**City:**	Elwood
County:	Doniphan	**Camera:**	Canon Powershot A590 IS
Legal:	0	**Taken By:**	Brian D'Alfonso

Picture No.:	9
Archive Disc File No.:	IMG_0143
Date:	December 30, 2008
Time:	12:07
Location:	Building H
Direction Faced:	North
Weather Conditions:	Indoor

Comments:

The two pallets of cardboard boxes in the front left stack, labeled "HAZ" contained 56 boxes of 48 500 mL vials of Metacam. The boxes were not labeled with the words "hazardous waste" or the accumulation start date. The containers on the top pallet above the Metacam are described in photos 11 & 12. The 40-gallon fiber containers contained anthelmintic waste. The light blue drums contained waste IPA and water or were empty. Notice the insufficient aisle space between the stacks of waste.



Picture No.:	10
Archive Disc File No.:	IMG_0160
Date:	December 30, 2008
Time:	1:03
Location:	Building H
Direction Faced:	North
Weather Conditions:	Indoor

Comments:

One of the 500mL vials of Metacam noted in photo 9. Notice the boxes behind the vials. These are the Metacam boxes, not labeled with the words "hazardous waste" or the accumulation start date.

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Address:	1411 Oak Street	**City:**	Elwood
County:	Doniphan	**Camera:**	Canon Powershot A590 IS
Legal:	0	**Taken By:**	Brian D'Alfonso

Picture No.:	11
Archive Disc File No.:	IMG_0161
Date:	December 30, 2008
Time:	1:08
Location:	Building H
Direction Faced:	West
Weather Conditions:	Indoor

Comments:

Two boxes of Blue Lotion aerosol cans not labeled with the words "hazardous waste" or the accumulation start date. The blue 10-gallon poly container behind the boxes contained waste phenol crystal and was not labeled with the words "hazardous waste" or the accumulation start date.

Picture No.:	12
Archive Disc File No.:	IMG_0162
Date:	December 30, 2008
Time:	1:08
Location:	Building H
Direction Faced:	East
Weather Conditions:	Indoor

Comments:

The white box contained two 4-liter amber bottles of waste phenol crystal and was not labeled with the words "hazardous waste" or the accumulation start date. The 10-gallon blue poly container is the same container described in photo 11. The three black 5-gallon buckets were labeled properly and were waste lab packs.

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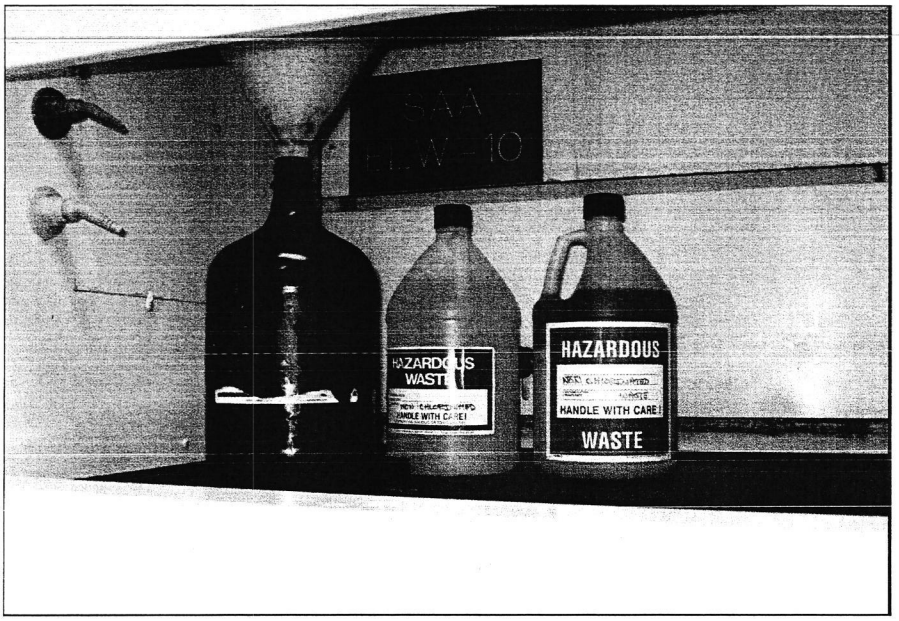
DIVISION OF ENVIRONMENT
Bureau of Environmental Field Services
Waste Management Programs
Northeast District Office

Photos have not been altered except to change the size of the file.

Site Name:	Boehringer Ingelheim Vetmedica, Inc.	**EPA ID No.:**	KSD 067 925 347
Address:	1411 Oak Street	**City:**	Elwood
County:	Doniphan	**Camera:**	Canon Powershot A590 IS
Legal:	0	**Taken By:**	Brian D'Alfonso



Picture No.:	13
Archive Disc File No.:	IMG_0140
Date:	December 30, 2008
Time:	11:28
Location:	Micro-lab
Direction Faced:	South
Weather Conditions:	Indoor

Comments:

Three satellite containers containing the same waste non-chlorinated solvent. The two clear containers were full and closed, labeled with the words "hazardous waste". They were not labeled with an accumulation start date. The four liter amber bottle in the front is open and is not labeled with the words "hazardous waste".

Picture No.:	14
Archive Disc File No.:	IMG_0142
Date:	December 30, 2008
Time:	12:07
Location:	Building H
Direction Faced:	North
Weather Conditions:	Indoor

Comments:

This photo shows the insufficient aisle space in the hazardous waste storage area. I was unable to fit between the stacks of waste to inspect the containers. The pallets had to be moved so I could read the hazardous waste labels on the top of the drums. The light blue 55-gallon drums are waste IPA and water or empty. The containers on the racks to the right were empty or contained spill control material.

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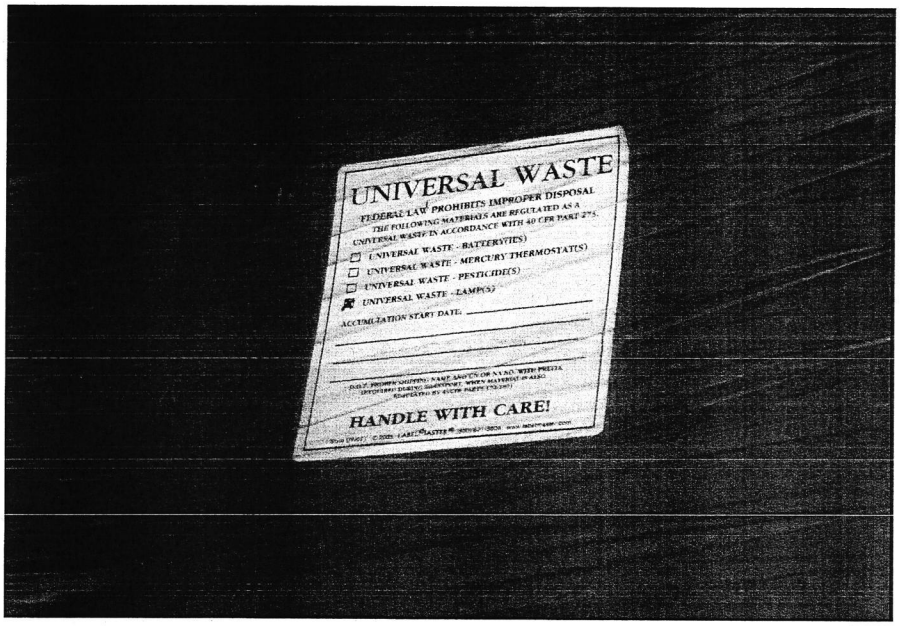
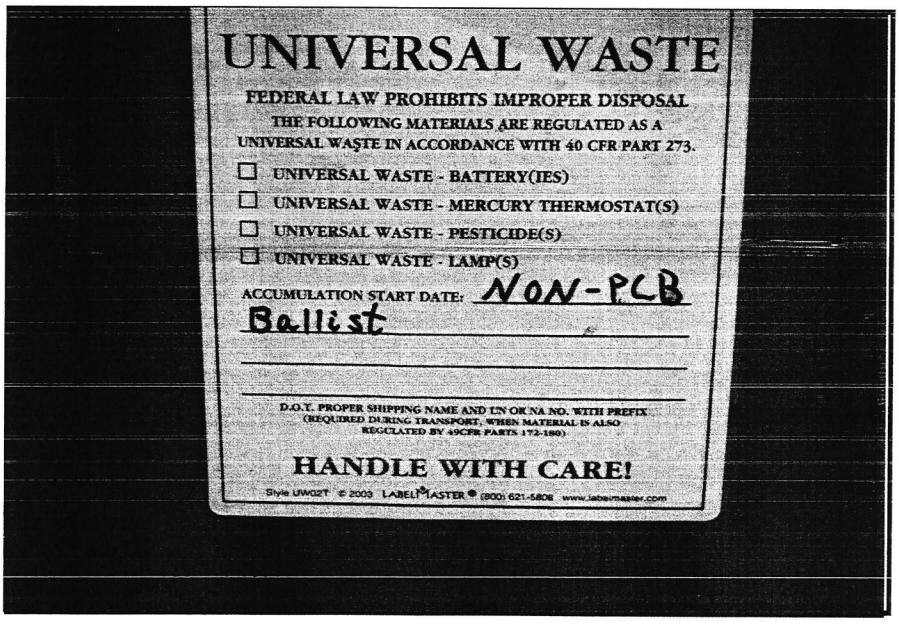
Site Name:	Boehringer Ingelheim Vetmedica, Inc.	**EPA ID No.:**	KSD 067 925 347
Address:	1411 Oak Street	**City:**	Elwood
County:	Doniphan	**Camera:**	Canon Powershot A590 IS
Legal:	0	**Taken By:**	Brian D'Alfonso



Picture No.:	15
Archive Disc File No.:	IMG_0146
Date:	December 30, 2008
Time:	12:16
Location:	Building H
Direction Faced:	Southeast
Weather Conditions:	Indoor
Comments:	Universal waste lamps not labeled with an accumulation start date.



Picture No.:	16
Archive Disc File No.:	IMG_0147
Date:	December 30, 2008
Time:	12:16
Location:	Building H
Direction Faced:	Southeast
Weather Conditions:	Indoor
Comments:	Universal waste ballasts not labeled with an accumulation start date.

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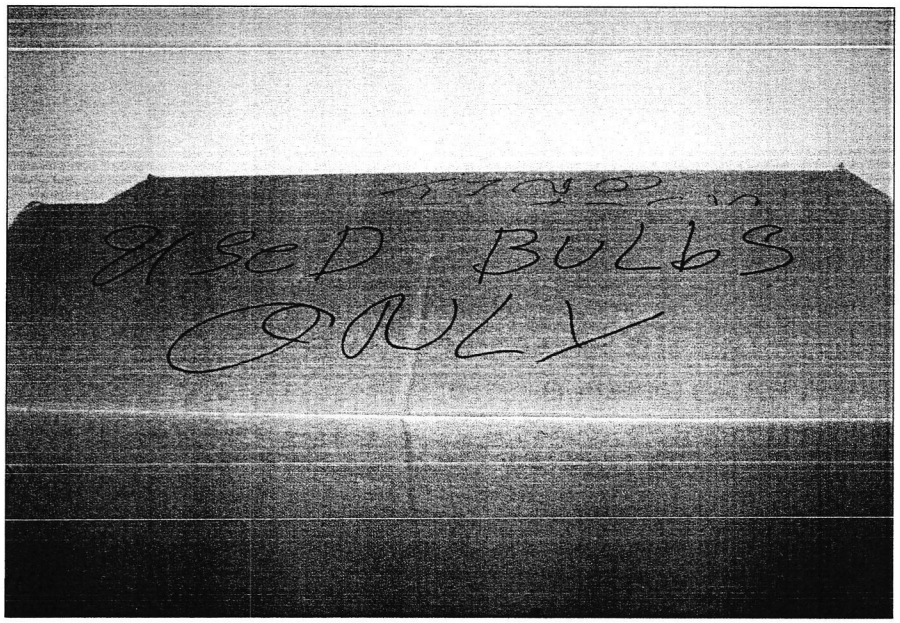
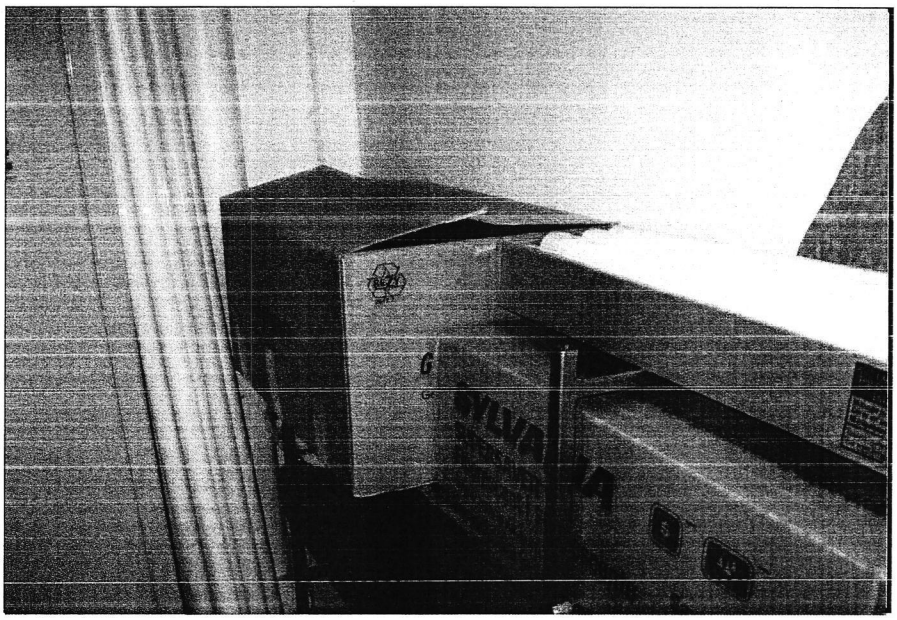
Site Name:	Boehringer Ingelheim Vetmedica, Inc.	**EPA ID No.:**	KSD 067 925 347
Address:	1411 Oak Street	**City:**	Elwood
County:	Doniphan	**Camera:**	Canon Powershot A590 IS
Legal:	0	**Taken By:**	Brian D'Alfonso



Picture No.:	17
Archive Disc File No.:	IMG_0171
Date:	December 30, 2008
Time:	2:40
Location:	Maintenance Utility's Room
Direction Faced:	Northeast
Weather Conditions:	Indoor

Comments:
Waste fluorescent lamps not properly labeled.



Picture No.:	18
Archive Disc File No.:	IMG_0172
Date:	December 30, 2008
Time:	2:40
Location:	Maintenance Utility's Room
Direction Faced:	Northeast
Weather Conditions:	Indoor

Comments:
Waste fluorescent lamps not properly labeled.

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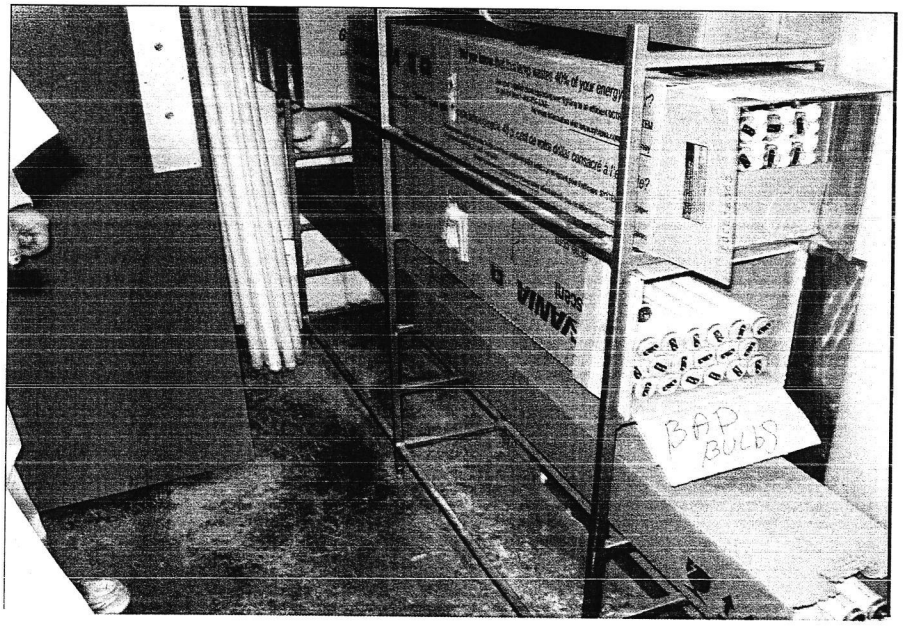
Photos have not been altered except to change the size of the file.

Site Name:	Boehringer Ingelheim Vetmedica, Inc.	**EPA ID No.:**	KSD 067 925 347
Address:	1411 Oak Street	**City:**	Elwood
County:	Doniphan	**Camera:**	Canon Powershot A590 IS
Legal:	0	**Taken By:**	Brian D'Alfonso

Picture No.:	19
Archive Disc File No.:	IMG_0173
Date:	December 30, 2008
Time:	2:41
Location:	Maintenance Utility's Room
Direction Faced:	North
Weather Conditions:	Indoor
Comments:	Waste fluorescent lamps not properly labeled.



Picture No.:	20
Archive Disc File No.:	IMG_0174
Date:	December 30, 2008
Time:	2:41
Location:	Maintenance Utility's Room
Direction Faced:	Northeast
Weather Conditions:	Indoor
Comments:	Waste fluorescent lamps not properly labeled.